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# EMERGENCY MEDICAL SERVICES AND TRAUMA CARE IMPROVEMENT ACT OF 1988

SEPTEMBER 13 (legislative day, SEPTEMBER 7), 1988.—Ordered to be printed

Mr. KENNEDY, from the Committee on Labor and Human Resources, submitted the following

# REPORT

[To accompany S. 10]

The Committee on Labor and Human Resources, to which was referred the bill (S. 10) to amend the Public Health Service Act to improve emergency medical services and trauma care, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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## I. SUMMARY OF THE BILL

As reported by the Committee, S. 10 provides for the establishment and operation of a National Clearinghouse on Emergency Medical Services, the authorization of a Trauma Care Block Grant under title XIX of the Public Health Service (PHS) Act, and other activities related to the development of coordinated regionalized emergency medical services and trauma care systems in the United States.

S543-20

The bill authorizes the Secretary of Health and Human Services (HHS) to provide by contract for the establishment and operation of a National Clearinghouse on Emergency Medical Services. The Clearinghouse will: (1) foster the development of emergency medical services and trauma care through the sharing of information; (2) collect, compile, and disseminate information, giving special consideration to the unique needs of rural areas; (3) provide technical assistance; and (4) sponsor workshops and conferences.

The bill authorizes a new Trauma Care Block Grant under title XIX of the PHS Act. Appropriations under this block grant will be allotted to the States on the basis of the population (80 percent), and the square mileage (20 percent), of each State, with no State receiving less than $250,000 or one-half of 1 percent of the amount appropriated. There will be a 25 percent State match requirement. States will have to use at least 35 percent of their allotments under the trauma care block grant to pay the costs of planning, implementing, monitoring, and evaluating the operation of county, regional, or State trauma care systems. Each such trauma system will have to meet standards and requirements established under a State plan mandated under the bill. Each system will provide for the use of triage procedures to assess the severity of injury incurred by trauma patients. A trauma system under this block grant will have to conduct public education activities on injury prevention and access to emergency medical services and trauma care. A trauma system will have to establish criteria and procedures for the identification and designation of trauma centers to participate in the trauma care system.

A trauma system will have to provide for appropriate transportation and transfer policies to ensure the delivery of patients to designated trauma centers. Appropriate transfer policies will include medical screening requirements, necessary stabilizing treatment for patients with emergency medical conditions and patients in active labor, restricting transfers until patient stabilizes, and call schedules.

At least 35 percent of a State's allotment under the trauma care block grant will have to be used by the State to reimburse designated trauma centers for uncompensated trauma care provided by such centers.

S. 10 as reported requires the Secretary to prepare and submit to the appropriate Congressional Committee by not later than October 1, 1990, a report describing the activities of the States under the trauma care block grant, including recommendations for appropriate administrative and legislative initiatives. The bill also directs the Comptroller General to evaluate State expenditures under the block grant to assure that such expenditures are consistent with program provisions.

S. 10 as reported requires each State, beginning with FY 1989, to submit to the Secretary a State plan for trauma care. Each plan will have to provide for planning, development, and implementation of regional trauma care systems within a regional emergency medical services system. Each plan will have to specify the entities that will designate trauma centers in the State, and contain minimum standards requirements for the designation of such centers. The State plan must contain standards and requirements for the implementation of regional trauma care systems within a regional emergency medical services system for triage and transportation of trauma patients, including pediatric trauma patients. The plan will have to specify procedures for accreditation and evaluation of trauma facilities, and specialized facilities for pediatric trauma care. The plan will have to provide for the establishment in the State of a central data reporting and analysis system on trauma and trauma care. The plan will have to provide for the use of appropriate transportation and transfer policies, provide for the establishment and implementation of public education activities concerning injury prevention and access to trauma care, and provide assurances of coordination and cooperation between the State and any other State which shares a metropolitan area.

S. 10 as reported directs the Secretary to conduct a comprehensive study on the long-term economic effects of incidences of trauma in the U.S., to be submitted to the appropriate Congressional Committees not later than 1 year after the date of enactment of the bill.

## II. BACKGROUND AND NEED FOR LEGISLATION

The Emergency Medical Services and Trauma Care Improvement Act has two primary goals. First, it is designed to remove the barriers and rectify the problems that, in many parts of the country, prevent quick and efficient emergency medical services (EMS) from being provided. Second, it would provide incentives for States and localities to establish well-coodinated regionalized trauma-care systems that would enable severely injured individuals to receive highly specialized trauma care as rapidly as possible following their injury.

In 1985, the prestigious National Academy of Sciences issued a report, "Injury in America", which assessed the magnitude and characteristics of injury in the United States, efforts to prevent and treat injury, and Federal support for injury research. It was conducted as a follow-up to a landmark study conducted 20 years earlier by the National Research Council, entitled "Accidental Death and Disability: The Neglected Disease of Modern Society." The National Academy of Sciences concluded that, tragically, insufficient progress had been made in injury control since the first study was reported.

Each year, more than 140,000 Americans die from injuries and one person in three suffers a nonfatal injury. Injury is the fourth leading cause of death among all Americans and the major killer of children and young adults. More Americans between the ages of 5 and 34 die from injuries than from all diseases combined.

Injury is also a leading cause of short- and long-term disability. More than 80,000 persons become permanently disabled from brain or spinal cord injuries each year. Over 4 million years of future worklife are lost to injury annually—nearly double that lost to heart disease or cancer.

Injury represents one of our most expensive health problems, costing $75 billion to $100 billion a year in direct and indirect costs. The societal costs from motor-vehicle crashes alone in 1980 were estimated to be $36 billion, including $7.5 billion and $3.5 billion to the Federal and State governments, respectively, in direct payments and revenue losses.

In 1973, the Emergency Medical Services Systems Development Act was enacted in order to improve the ability of communities to respond immediately and effectively to emergency medical crises. This law was intended to help local communities use existing resources to plan and develop comprehensive and integrated EMS systems through a 5-year sequence—from preliminary planning to fully functioning advances systems. Systems established during the eight years that the grant program operated have been very successful in reducing death and disability.

In 1981, despite these successes and the fact that a majority of the 303 EMS regions designated under the Act had not yet completed their 5-year cycle, the Omnibus Budget Reconciliation Act of 1981 terminated the categorical grant program and shifted the funding into the Preventive Health and Health Services block grant.

In order to determine how EMS programs were faring under the block grant, Senators Cranston and Kennedy requested the General Accounting Office (GAO) to review and analyze the levels of support and proficiency of EMS systems throughout the country.

The results of the GAO's investigation were presented in a 1986 report, entitled "States Assume Leadership Role in Providing Emergency Medical Services" (HRD-86-132). The GAO found that, although States were assuming a more active leadership role in financing and regulating emergency medical services, there were areas in which gaps in emergency medical services remained and in which Federal actions and leadership were desirable. It made specific recommendations for Congressional action in these areas.

In particular, the GAO found that (1) many States lacked access to the most up-to-date information about EMS developments; (2) many States lacked coordination between agencies with oversight of funds for EMS-related activities administered by state transportation and emergency medical services agencies; (3) the 911 emergency telephone number was not uniformly available, particularly in rural communities; (4) the unavailability of funds for the start-up and operating costs of a 911 system was a major barrier to 911 implementation; (5) overcrowded radio frequencies and outmoded equipment hampered effective and efficient operation of EMS systems; and (6) economic and political factors were preventing the development of trauma systems.

S. 10 as introduced and as reported is designed to carry out the GAO's specific recommendations.

Much of the death and disability resulting from injury—particularly severe injury—can be prevented or ameliorated by quick-response teams providing prehospital care and through the accessibility and availability of sophisticated emergency hospital care when needed. Experts estimate that as many as 25,000 trauma deaths per year in the United States could be prevented with appropriate medical treatment. Well-coordinated EMS and trauma care systems help ensure that injury and trauma victims—as well as others, such as heart attack victims, in need of emergency care—receive that kind of swift and effective medical attention.

## III. Text of Bill As Reported

**A BILL To amend the Public Health Service Act to improve emergency medical services and trauma care, and for other purposes**

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* [That this Act may be cited as the "Emergency Medical Services and Trauma Care Improvement Act of 1987".

### [CLEARINGHOUSE ON EMERGENCY MEDICAL SERVICES

[SEC. 2. (a) The Secretary of Health and Human Services (hereinafter referred to as the "Secretary") shall by contract provide for the establishment and operation of a National Clearinghouse on Emergency Medical Services (hereinafter referred to as the "Clearinghouse"). The Clearinghouse shall—

[(1) foster the development of appropriate, modern emergency medical services and trauma care through the sharing of information among agencies and individuals involved in planning, furnishing, and studying such services and care;

[(2) collect, compile, and disseminate information on the achievements of, and problems experienced by, State and local agencies in providing emergency medical services and trauma care;

[(3) provide technical assistance relating to emergency medical services and trauma care to State and local agencies; and

[(4) sponsor workshops and conferences on emergency medical services and trauma care.

[(b) A contract entered into by the Secretary under this section may provide that the Clearinghouse shall charge fees or assessments in order to defray, and beginning with fiscal year 1990, to cover, the costs of operating the Clearinghouse.

[(c) To carry out this section, there are authorized to be appropriated $500,000 for fiscal year 1988, $300,000 for fiscal year 1989, and $100,000 for fiscal year 1990.

[(d) The authority of the Secretary to enter into contracts under this section shall be to such extent or in such amounts as are provided in appropriation acts.

### [COOPERATION BETWEEN STATE AGENCIES

[SEC. 3. (a) Section 1905(c) of the Public Health Service Act is amended—

[(1) by striking out "and" at the end of paragraph (5);

[(2) by striking out the period at the end of paragraph (6) and inserting in lieu thereof a semicolon and "and"; and

[(3) by adding at the end thereof the following new paragraph:

["(7) agrees to provide the officer of the State government responsible for the administration of the State highway safety program with an opportunity to—

["(A) participate in the development of any plan by the State relating to emergency medical services, including the State plan required by section 1910B; and

[“(B) review and comment on any proposal by any State agency to use any Federal grant or Federal payment received by the State for the provision of emergency medical services.”.

[(b) Paragraph (1) of section 402(b) of title 23, United States Code, is amended—

[(1) by striking out the period at the end of each subparagraph and inserting in lieu thereof a comma,

[(2) by adding “or” at the end of subparagraph (F), and

[(3) by adding at the end thereof the following new subparagraph:

[“(G) provide procedures that ensure that State officials who are responsible for the provision of emergency medical services within the State have the opportunity to—

[“(i) participate in the development and implementation of the State highway safety program,

[“(ii) provide advice on the development and implementation of the State highway safety program, and

[“(iii) review, and comment on, any proposals to use funds provided to the State under this section for emergency medical services.”.

### [IMPROVING COMMUNICATIONS SYSTEMS

[SEC. 4. (a)(1) The last sentence of section 1904(a)(1)(F) of the Public Health Service Act is amended by striking out “1905(c)(2)).” and inserting in lieu thereof “1905(c)(2) and other than the purchase of communications equipment for such systems in accordance with paragraph (4)).”.

[(2) Section 1904(a) of such Act is amended by adding at the end thereof the following new paragraph:

[“(4) A State may not, under subparagraph (F) of paragraph (1), use amounts described in paragraph (1) to pay more than 50 percent of the costs of communications equipment for emergency medical services systems.”.

[(b) The first sentence of section 306(a)(1) of the Consolidated Farm and Rural Development Act is amended by inserting “emergency telephone service, communications equipment for emergency medical services,” after “recreational developments,”.

[(c)(1) Section 105(c)(2) of the Housing and Community Development Act of 1974 is amended—

[(A) by inserting “(A)” after the paragraph designation;

[(B) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively; and

[(C) by adding at the end thereof the following new subparagraph:

[“(B) The requirements of subparagraph (A) do not prevent the use of assistance under this title for the development, establishment, and operation for not to exceed 2 years after its establishment, of a uniform emergency telephone number system if the Secretary determines that—

[“(i) such system will contribute substantially to the safety of the residents of the area served by such system;

["(ii) not less than 51 percent of the use of the system will be by persons of low and moderate income; and

["(iii) other Federal funds received by the grantee are not available for the development, establishment, and operation of such system due to the insufficiency of the amount of such funds, the restrictions on the use of such funds, or the prior commitment of such funds for other purposes by the grantee. The percentage of the cost of the development, establishment, and operation of such a system that may be paid from assistance under this title may not exceed the percentage of the population to be served that is made up of persons of low and moderate income.".

[(2)(A) The amendments made by this subsection shall be applicable to amounts made available for fiscal year 1987 and each succeeding fiscal year.

[(B) Not later than the expiration of the 30-day period following the date of enactment of this Act, the Secretary of Housing and Urban Development shall notify each fiscal year 1987 grantee of assistance under section 106 of the Housing and Community Development Act of 1974 of the availability of such assistance for the development, establishment, and operation of a uniform emergency telephone number system in accordance with section 105(c)(2)(B) of such Act.

[(C) Not later than the expiration of the 30-day period following the date of enactment of this Act, the Secretary of Housing and Urban Development shall by notice establish such requirements as may be necessary to carry out the amendments made by this subsection. Such notice shall not be subject to section 553 of title 5, United States Code, or section 7(o) of the Department of Housing and Urban Development Act.

[(D) The Secretary of Housing and Urban Development shall issue such regulations, based on the notice required in subparagraph (C), as may be necessary to carry out the amendments made by this subsection. Such regulations shall be published for comment in the Federal Register not later than 90 days after the date of enactment of this Act.

[(d) Not later than one year after the date of enactment of this Act, the Federal Communications Commission shall—

[(1) complete a study of the availability of radio frequency channels for emergency medical services communications between ambulances and hospitals, including both public and private ambulances and hospitals;

[(2) establish a plan to ensure that the needs of emergency medical services communications shall be adequately provided for in the allocation of frequencies; and

[(3) submit a report to Congress containing such study and plan relating to emergency medical services communications.

### [IMPROVING EMERGENCY MEDICAL SERVICES AND TRAUMA CARE

[SEC. 5. (a) Part A of title XIX of the Public Health Service Act is amended by adding at the end thereof the following new section:

### ["STATE COMPREHENSIVE EMERGENCY MEDICAL SERVICES AND TRAUMA CARE PLAN

["SEC. 1910B. (a)(1) For each fiscal year, beginning with fiscal year 1989, each State shall submit a State comprehensive emergency medical services and trauma care plan (hereafter in this section referred to as the 'State plan') to the Secretary. Each State plan shall—

["(A) specify the public or private entity which will designate trauma centers in the State;

["(B) contain minimum standards and requirements for the designation of trauma centers by such entity, including standards and requirements for—

["(i) the number and types of trauma patients for whom such centers must provide care in order to ensure that such centers will have sufficient experience and expertise to be able to provide quality care for victims of injury; and

["(ii) the resources and equipment needed by such centers;

["(C) contain standards and requirements for the implementation of regional trauma care systems, including standards and guidelines for triage and transportation of trauma patients prior to care in designated trauma centers;

["(D) specify procedures for the accreditation and evaluation of designated trauma centers and trauma care systems; and

["(E) provide for the establishment in the State of a central data reporting and analysis system to—

["(i) identify severely injured trauma patients at all health care facilities within regional trauma care systems in the State;

["(ii) identify the total amount of uncompensated trauma care expenditures made for each fiscal year by each health care facility in the State; and

["(iii) monitor trauma patient care in each health care facility (including each designated trauma center) within regional trauma care systems in the State.

["(2) The Secretary shall promulgate regulations governing the establishment by States of standards and requirements under subparagraphs (B) and (C) of paragraph (1). Regulations promulgated under this paragraph shall be at least as stringent as the guidelines for the designation of trauma centers and for triage, transfer, and transportation policies specified by the American College of Surgeons in the Bulletin of the American College of Surgeons issued in October, 1986, except to the extent that the Secretary determines it infeasible or inadvisable to promulgate regulations under this paragraph which are not at least as stringent as such guidelines. If the Secretary makes a determination under the preceding sentence, the Secretary shall, with the regulations promulgated under this paragraph, publish in the Federal Register an explanation for such determination.

["(b)(1) If the Secretary determines that a State has not, by the end of fiscal year 1989, developed the State plan required by subsection (a), the Secretary shall reduce the amount of the State's allotment under this part for fiscal year 1990 by the amount specified in paragraph (4).

[“(2) If the Secretary determines that a State has not, by the end of fiscal year 1990, developed and substantially implemented the State plan required by subsection (a), the Secretary shall reduce the amount of the State's allotment under this part for fiscal year 1991 by the amount specified in paragraph (4).

[“(3) If the Secretary determines that a State has not, by the end of fiscal year 1991, developed and completely implemented the State plan required by subsection (a), the Secretary shall reduce the amount of the State's allotment under this part for fiscal year 1992 and each succeeding fiscal year by the amount specified in paragraph (4). The Secretary shall discontinue the reduction under this subsection of a State's allotment under this part for a fiscal year if the Secretary determines that the State has, in the preceding fiscal year, developed and completely implemented the State plan required by subsection (a).

[“(4) The amount referred to in paragraphs (1), (2), and (3) with respect to a State is the total amount expended by the State for administrative expenses for fiscal year 1987 from amounts paid to the State under section 1903 for such fiscal year.”.

[(b) Title XIX of the Public Health Service Act is amended by adding at the end thereof the following new part:

### [“PART C—TRAUMA CARE BLOCK GRANT

### [“AUTHORIZATIONS OF APPROPRIATIONS

[“SEC. 1931. For the purpose of allotments to States to carry out the activities described in section 1934, there are authorized to be appropriated $75,000,000 for each of the fiscal years 1988, 1989, and 1990.

### [“ALLOTMENTS

[“SEC. 1932. (a) Except as provided in subsection (c), for fiscal year 1988, the Secretary shall allot to each State an amount which bears the same ratio to the total amount appropriated under section 1931 for such fiscal year as the population of the State bears to the population of all States.

[“(b)(1) Except as provided in subsection (c), for fiscal year 1989 and each of the succeeding fiscal years, the allotment of a State under this part shall be the sum of the amounts allotted to the State under paragraphs (2) and (3).

[“(2) Two-thirds of the total amount appropriated under section 1931 for a fiscal year (beginning with fiscal year 1989) shall be allotted to States under this paragraph. The allotment of a State under this paragraph shall be the amount which bears the same ratio to the amount available for allotment under this paragraph as the population of the State bears to the population of all States.

[“(3) One-third of the total amount appropriated under section 1931 for a fiscal year (beginning with fiscal year 1989) shall be allotted to States under this paragraph. The allotment of a State under this paragraph shall be the amount which bears the same ratio to the amount available for allotment under this paragraph as the total amount of uncompensated trauma care expenditures made by the State for the most recently completed fiscal year bears to the total amount of such expenditures made by all States for such fiscal year. In determining such expenditures for purposes of this paragraph, the Secretary shall consider the reports submitted under section 1935(f).

[“(c) Notwithstanding subsections (a) and (b), the allotment of a State under this section for any fiscal year shall not be less than—

[“(1) $500,000, or

[“(2) two-thirds of one percent of the total amount appropriated to carry out this part for such fiscal year,

whichever is the lesser amount.

[“(d) To the extent that all the funds appropriated under section 1901 for a fiscal year and available for allotment in such fiscal year are not otherwise allotted to States because—

[“(1) one or more States have not submitted an application or description of activities in accordance with section 1935 for the fiscal year;

[“(2) one or more States have notified the Secretary that they do not intend to use the full amount of their allotment; or

[“(3) some State allotments are offset or repaid under section 1906(b)(3) (as such section applies to this part pursuant to section 1935(e));

such excess shall be allotted among each of the remaining States in proportion to the amount otherwise allotted to such States for the fiscal year without regard to this subsection.

[“(e)(1) If the Secretary—

[“(A) receives a request from the governing body of an Indian tribe or tribal organization within any State that funds under this part be provided directly by the Secretary to such tribe or organization, and

[“(B) determines that the members of such tribe or tribal organization would be better served by means of grants made directly by the Secretary under this part,

the Secretary shall reserve from amounts which would otherwise be allotted to such State under subsection (a), (b), or (c) for a fiscal year the amount determined under paragraph (2).

[“(2) The Secretary shall reserve for the purpose of paragraph (1) from amounts that would otherwise be allotted to such State under subsection (a), (b), or (c) an amount which bears the same ratio to the State's allotment for the fiscal year involved under subsection (a), (b), or (c) as the population of the tribe bears to the population of the State.

[“(3) The amount reserved by the Secretary on the basis of a determination under this subsection shall be granted to the Indian tribe or tribal organization for which such a determination has been made.

[“(4) In order for an Indian tribe or tribal organization to be eligible for a grant for a fiscal year under this subsection, it shall submit to the Secretary a plan for such fiscal year which meets such criteria as the Secretary may prescribe.

### [“PAYMENTS UNDER ALLOTMENTS TO STATES

[“SEC. 1933. (a) For each fiscal year, the Secretary shall make payments, as provided by section 6503(a) of title 31, United States Code, to each State from its allotment under section 1932 (other than any amount reserved under subsection (e) of such section) from amounts appropriated for that fiscal year.

[“(b) Any amount paid to a State for a fiscal year and remaining unobligated at the end of such year shall remain available for the next fiscal year to such State for the purposes for which it was made.

### [“USE OF ALLOTMENTS

[“SEC. 1934. (a)(1) Not more than 15 percent of the total amount paid to a State under section 1933 for a fiscal year may be used by a State to pay the costs of planning, implementing, and monitoring the operation of, county, regional, or State trauma care systems. Each trauma care system supported with amounts made available under this paragraph shall—

[“(A) meet the standards and requirements established under the State plan under section 1910B(a)(1)(B);

[“(B) provide for the use of triage procedures by paramedics and emergency medical technicians to assess the severity of injury incurred by trauma patients;

[“(C) provide for the use of appropriate transportation and transfer policies to ensure the delivery of patients to designated trauma centers and other facilities within and outside of the jurisdiction of such system, including policies to ensure that only individuals appropriately identified as trauma patients are transferred to designated trauma centers;

[“(D) conduct public education activities concerning preventing injuries and obtaining access to emergency medical services and trauma care; and

[“(E) establish criteria and procedures, in accordance with the State plan required under section 1910B, for the identification and designation of trauma centers to participate in the trauma care system.

[“(2) After the application of paragraph (1) of this subsection and of subsection (d) for a fiscal year, the amount available for such fiscal year to a State from the total amount paid to the State under section 1933 for such fiscal year shall be used by the State to reimburse designated trauma centers for such portions of the uncompensated trauma care expenditures of such centers as the State considers appropriate. In order to receive reimbursement for uncompensated trauma care expenditures under this paragraph, a designated trauma center shall—

[“(A) be a center which—

[“(i) meets the standards and requirements established by the State in accordance with the State plan required under section 1910B; and

[“(ii) meets the guidelines for level I or level II trauma centers specified by the American College of Surgeons in the Bulletin described in section 1910B(a)(2);

["(B) serve an area in which the procedures and policies described in subparagraphs (B) and (C) of paragraph (1) have been implemented; and

["(C) maintain its designation as a designated trauma center throughout the fiscal year for which reimbursement is provided under this paragraph.

["(b) The Secretary, if requested by a State, shall provide technical assistance to the State in planning and operating activities to be carried out under this part.

["(c) A State may not use amounts paid to it under section 1933 to—

["(1) make cash payments to intended recipients of services;

["(2) purchase or improve land, purchase, construct, or permanently improve (other than through minor remodeling) any building or other facility, or purchase major medical equipment; or

["(3) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.

The Secretary may waive the limitation contained in paragraph (2) upon the request of a State if the Secretary finds that there are extraordinary circumstances to justify the waiver and that granting the waiver will substantially assist in carrying out this part.

["(d) Not more than 5 percent of the total amount paid to a State under section 1933 for a fiscal year may be used for administering the funds made available under section 1933. The State shall pay from non-Federal sources the remaining costs of administering such funds.

### ["APPLICATION AND DESCRIPTION OF ACTIVITIES; REQUIREMENTS

["SEC. 1935. (a)(1) In order to receive an allotment for a fiscal year under section 1932, each State shall submit an application to the Secretary. Each such application shall be in such form and submitted by such date as the Secretary shall require.

["(2) Each application required under paragraph (1) for an allotment under section 1932 for a fiscal year shall contain—

["(A) assurances that the State will meet the requirements of subsection (b); and

["(B) the State plan required by section 1910B.

["(b) As part of the annual application required by subsection (a) for an allotment for any fiscal year, the chief executive officer of each State shall—

["(1) certify that the State agrees to use the funds allotted to it under section 1932 in accordance with the requirements of this part;

["(2) provide assurances that the State will require each health care facility in the State to provide to the system established pursuant to section 1910B(a)(1)(E) a report for each fiscal year which—

["(A) specifies the number of major trauma patients cared for by such facility during such fiscal year;

["(B) specifies the total number of inpatient hospital days used by such patients during such fiscal year;

[“(C) describes the diagnoses, treatment, and treatment outcomes for such patients; and

[“(D) specifies the total amount of uncompensated trauma care expenditures incurred by such facility for such patients for such fiscal year; and

[“(3) certify that the State agrees that Federal funds made available under section 1933 for any period will be so used as to supplement and increase the level of State, local, and other non-Federal funds that would in the absence of such Federal funds be made available for the programs and activities for which funds are provided under that section and will in no event supplant such State, local, and other non-Federal funds.

[“(c) The chief executive officer of a State shall, as part of the application required by subsection (a) for any fiscal year, also prepare and furnish the Secretary (in accordance with such form as the Secretary shall provide) with a description of the intended use of the payments the State will receive under section 1933 for the fiscal year for which the application is submitted, including information on the programs and activities to be supported and services to be provided. The description shall be made public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during development of the description and after its transmittal. The description shall be revised (consistent with this section) throughout the year as necessary to reflect substantial changes in the programs and activities assisted by the State under this part, and any revision shall be subject to the requirements of the preceding sentence.

[“(e) Except where inconsistent with the provisions of this part, the provisions of section 1903(b), section 1906(a), paragraphs (1) through (5) of section 1906(b), and sections 1907, 1908, and 1909 shall apply to this part in the same manner as such provisions apply to part A of this title.

[“(f) Each report (beginning with the report for fiscal year 1989) submitted by a State to the Secretary under section 1906(a)(1) (as such section applies to this part pursuant to subsection (e) of this section) shall include a separate statement which summarizes and analyzes the information provided to the State in the reports required under subsection (b)(2).

### [“DEFINITIONS

[“SEC. 1936. (a) For purposes of this part, the terms ‘Indian tribe’ and ‘tribal organization’ have the same meaning given such terms in section 4(b) and section 4(c) of the Indian Self-Determination and Education Assistance Act.

[“(b) For purposes of this part and section 1910B—

[“(1) the term ‘designated trauma center’ means a trauma center designated in accordance with the State plan under section 1910B; and

[“(2) the term ‘uncompensated trauma care expenditures’ means any amount which is expended by a health care facility to provide health care services to a trauma patient and for which such facility does not receive payment or reimbursement.”.

[(c) This section and the amendments made by this section shall take effect on October 1, 1987.

### [STUDY OF PAYMENTS TO TRAUMA CENTERS UNDER THE MEDICARE AND MEDICAID PROGRAMS

[SEC. 6. (a) The Secretary of Health and Human Services (in this section referred to as the "Secretary") shall conduct a study of the financial impact of the prospective payment system established under section 1886(d) of the Social Security Act on medical trauma centers and of possible modifications to that system to provide more adequate and appropriate payments to such centers. The study shall include recommendations with respect to whether separate payment rates should be established for such centers.

[(b) The Secretary shall conduct a study of the policies adopted by States in reimbursing medical trauma centers under the medicaid program under title XIX of the Social Security Act. The study shall assess the adequacy and appropriateness of the reimbursements provided by States to such centers under such program and shall include recommendations with respect to whether the requirements imposed under such title should be modified in order to ensure that such centers are appropriately reimbursed.

[(c) The Secretary shall report the results of the studies required by subsections (a) and (b) to the Congress not later than one year after the date of enactment of this Act.

### [STUDY ON THE LONG-TERM ECONOMIC EFFECTS OF TRAUMA

[SEC. 7. (a) The Secretary of Health and Human Services (in this section referred to as the "Secretary") shall conduct a comprehensive multidisciplinary study of the long-term economic effects of incidences of trauma in the United States. In conducting the study, the Secretary shall utilize the services of individuals with appropriate expertise in such fields as epidemiology, statistics, behavioral sciences, and health economics in order to identify and evaluate as many factors as possible that influence the impact and long-term outcome of a trauma incident.

[(b) The Secretary shall report the results of the study required by subsection (a) to the Congress not later than one year after the date of enactment of this Act.

[(c) To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal year 1988.]

### *SECTION 1. SHORT TITLE.*

*This Act may be cited as the "Emergency Medical Services and Trauma Care Improvement Act of 1988".*

### *SEC. 2. CLEARINGHOUSE ON EMERGENCY MEDICAL SERVICES.*

*(a) ESTABLISHMENT.—The Secretary of Health and Human Services (hereinafter referred to as the "Secretary") shall by contract provide for the establishment and operation of a National Clearinghouse on Emergency Medical Services (hereinafter referred to as the "Clearinghouse").*

*(b) DUTIES.—The Clearinghouse shall—*

*(1) foster the development of appropriate, modern emergency medical services and trauma care through the sharing of infor-*

*mation among agencies and individuals involved in planning, furnishing, and studying such services and care;*

*(2) collect, compile, and disseminate information on the achievements of, and problems experienced by, State and local agencies and private entities in providing emergency medical services and trauma care and, in so doing, give special consideration of the unique needs of rural areas;*

*(3) provide technical assistance relating to emergency medical services and trauma care to State and local agencies; and*

*(4) sponsor workshops and conferences on emergency medical services and trauma care.*

*(c) FEES AND ASSESSMENTS.—A contract entered into by the Secretary under this section may provide that the Clearinghouse shall charge fees or assessments in order to defray, and beginning with fiscal year 1990, to cover, the costs of operating the Clearinghouse.*

*(d) AUTHORITY TO ENTER INTO CONTRACTS.—The authority of the Secretary to enter into contracts under this section shall be to such extent or in such amounts as are provided in appropriation acts.*

*(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $500,000 for the later of fiscal year 1989 or the first fiscal year thereafter for which funds are appropriated under this section, $300,000 for the later of fiscal year 1990 or the second fiscal year after fiscal year 1989 for which funds are so appropriated, and $100,000 for fiscal year 1991 or the third fiscal year after fiscal year 1989 for which funds are so appropriated.*

### *SEC. 3. COOPERATION BETWEEN STATE AGENCIES.*

*(a) CERTIFICATIONS REQUIRED IN APPLICATIONS FOR PHHS BLOCK GRANT.—Section 1905(c) of the Public Health Service Act (42 U.S.C. 300w-4(c)) is amended—*

*(1) by striking out "and" at the end of paragraph (5);*

*(2) by striking out the period at the end of paragraph (6) and inserting in lieu thereof "; and"; and*

*(3) by adding at the end thereof the following new paragraph:*

*"(7) agrees to provide the officer of the State government responsible for the administration of the State highway safety program with an opportunity to—*

*"(A) participate in the development of any plan by the State relating to emergency medical services, as such plan relates to highway safety, including the State plan required by section 1910B; and*

*"(B) review and comment on any proposal by any State agency to use any Federal grant or Federal payment received by the State for the provision of emergency medical services as such proposal relates to highway safety.".*

*(b) HIGHWAY SAFETY PROGRAM.—Paragraph (1) of section 402(b) of title 23, United States Code, is amended—*

*(1) by striking out the period at the end of each subparagraph and inserting in lieu thereof a comma;*

*(2) by adding "or" at the end of subparagraph (F); and*

*(3) by adding at the end thereof the following new subparagraph:*

*"(G) provide procedures that ensure that State officials who are responsible for the administration, planning, and coordination of emergency medical services within the State have the opportunity to—*

*"(i) participate in the development of the State highway safety program as such program relates to emergency medical services;*

*"(ii) provide advice on the development and implementation of those provisions of the State highway safety program related to emergency medical services; and*

*"(iii) review, and comment on, any proposals to use funds provided to the State under this section for emergency medical services.".*

### *SEC. 4. IMPROVING COMMUNICATIONS SYSTEMS.*

*(a) PREVENTIVE HEALTH SERVICES BLOCK GRANT.—*

*(1) USE OF ALLOTMENTS.—The last sentence of section 1904(a)(1)(F) of the Public Health Service Act (42 U.S.C. 300w-3(a)(1)(F)) is amended by striking out "1905(c)(2))." and inserting in lieu thereof "1905(c)(2) and other than the purchase of communications equipment for such systems in accordance with paragraph (4)).".*

*(2) LIMITATION ON USE OF ALLOTMENTS.—Section 1904(a) of such Act is amended by adding at the end thereof the following new paragraph:*

*"(4) A State may not, under subparagraph (F) of paragraph (1), use amounts described in paragraph (1) to pay more than 50 percent of the costs of communications equipment for emergency medical services systems.".*

*(b) WATER AND WASTE FACILITY LOANS AND GRANTS.—The first sentence of section 306(a)(1) of the Consolidated Farm and Rural Development Act (7 U.S.C. 1926(a)(1)) is amended by inserting "emergency telephone service, communications equipment for emergency medical services," after "recreational developments,".*

*(c) FEDERAL COMMUNICATIONS COMMISSION.—Not later than 1 year after the date of enactment of this Act, the Federal Communications Commission shall—*

*(1) complete a study of the availability of radio frequency channels for emergency medical services communications (including in such study, to the maximum feasible extent, an analysis of communications between public and private ambulances and public and private hospitals);*

*(2) establish a plan to ensure that the needs of emergency medical services communications (including effective prehospital communications) shall be adequately provided for in the allocation of frequencies for public safety; and*

*(3) prepare and submit, to the appropriate Committees of Congress, a report that contains the results of such study and plan relating to emergency medical services communications.*

### *SEC. 5. IMPROVING EMERGENCY MEDICAL SERVICES AND TRAUMA CARE.*

*(a) IN GENERAL.—Title XIX of the Public Health Service Act is amended by adding at the end thereof the following new parts:*

### *"PART C—TRAUMA CARE BLOCK GRANT*

*"SEC. 1931. DEFINITIONS*

*"(a) INDIANS.—As used in this part, the terms 'Indian tribe' and 'tribal organization' have the same meaning given such terms in section 4(b) and section 4(c) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(b) and (c)).*

*"(b) OTHER SECTIONS AFFECTED.—As used in this part and in section 1941:*

*"(1) DESIGNATED TRAUMA CENTER.—The term 'designated trauma center' means a trauma center designated in accordance with the State plan under section 1941.*

*"(2) COMPREHENSIVE AND INTEGRATED REGIONAL EMERGENCY MEDICAL SERVICES SYSTEM.—The term 'comprehensive and integrated regional emergency medical services system' refers to a system that treats emergency patients of all age groups.*

*"(3) UNCOMPENSATED TRAUMA CARE EXPENDITURES.—The term 'uncompensated trauma care expenditures' means any amount that is expended by a health care facility to provide health care services to a trauma patient and for which such facility does not receive payment or reimbursement.*

*"SEC. 1932. AUTHORIZATIONS OF APPROPRIATIONS.*

*"For the purpose of making allotments to States to carry out the activities described in section 1935, there are authorized to be appropriated $75,000,000 for each of the fiscal years 1989, 1990, and 1991.*

*"SEC. 1933. ALLOTMENTS.*

*"(a) FORMULA.—*

*"(1) IN GENERAL.—Except as provided in subsection (b), the Secretary shall allot to each State an amount which shall be the sum of the amounts allotted to the State under paragraphs (2) and (3).*

*"(2) POPULATION.—Eighty percent of the total amount appropriated under section 1932 for a fiscal year shall be allotted to States under this paragraph. The allotment of a State under this paragraph shall be the amount which bears the same ratio to the amount available for allotment under this paragraph as the population of the State bears to the population of all States.*

*"(3) SQUARE MILEAGE.—Twenty percent of the total amount appropriated under section 1932 for a fiscal year shall be allotted to States under this paragraph. The allotment of a State under this paragraph shall be the amount which bears the same ratio to the amount available for allotment under this paragraph as the square mileage of the State bears to the square mileage of all States.*

*"(b) MINIMUM ALLOTMENT.—Notwithstanding subsection (a), the allotment of a State under this section for any fiscal year shall not be less than the greater of—*

*"(1) $250,000, or*

*"(2) an amount equal to one-half of one percent of the total amount appropriated to carry out this part for such fiscal year.*

*"(c) NON-FEDERAL SOURCE OF FUNDS.—*

*"(1) IN GENERAL.—Except as provided in paragraph (2), the Secretary may not make payments from an allotment under this*

*section for a State unless the State agrees, with respect to the costs to be incurred by the State in carrying out the purposes described in this part, to make available non-Federal contributions (in cash or in kind) toward such costs in an amount equal to not less than $1 for each $3 of Federal funds provided in payments from the allotment for such fiscal year.*

*"(2) Exception.—With respect to an allotment under this section for a State for fiscal year 1989 or such later fiscal year as is the first fiscal year for which funds are appropriated under section 1932, the Secretary may not require the State to make non-Federal contributions as a condition of receiving payments from the allotment.*

*"(d) Determination of Amount of Non-Federal Contribution.—The non-Federal contributions required under subsection (c) shall be in cash or in kind, fairly evaluated, and may include plants, equipment, or services. Amounts provided by the Federal government, or services assisted or subsidized to any significant extent by the Federal government, may not be included in determining the amount of such non-Federal contributions.*

*"(e) Reallotment.—To the extent that all the funds appropriated under section 1932 for a fiscal year and available for allotment in such fiscal year are not otherwise allotted to States because—*

*"(1) one or more States have not submitted an application or description of activities in accordance with section 1936 for the fiscal year;*

*"(2) one or more States have notified the Secretary that they do not intend to use the full amount of their allotment; or*

*"(3) some State allotments are offset or repaid under section 1906(b)(3) (as such section applies to this part pursuant to section 1936(d));*

*such excess shall be allotted among each of the remaining States in proportion to the amount otherwise allotted to such States for the fiscal year without regard to this subsection.*

*"(f) Indian Tribes or Tribal Organizations.—*

*"(1) In general.—If the Secretary—*

*"(A) receives a request from the governing body of an Indian tribe or tribal organization within any State that funds under this part be provided directly by the Secretary to such tribe or organization; and*

*"(B) determines that the members of such tribe or tribal organization would be better served by means of grants made directly by the Secretary under this part;*

*the Secretary shall reserve from amounts which would otherwise be allotted to such State under subsection (a) or (b) for a fiscal year the amount determined under paragraph (2).*

*"(2) Amount of allotment.—The Secretary shall reserve for the purpose of paragraph (1) from amounts that would otherwise be allotted to such State under subsection (a) or (b) an amount which bears the same ratio to the State's allotment for the fiscal year involved under subsection (a) or (b) as the population of the tribe bears to the population of the State.*

*"(3) Grant.—The amount reserved by the Secretary on the basis of a determination under this subsection shall be granted*

*to the Indian tribe or tribal organization for which such a determination has been made.*

*"(4) Plan.—In order for an Indian tribe or tribal organization to be eligible for a grant for a fiscal year under this subsection, it shall submit to the Secretary a plan for such fiscal year which meets such criteria as the Secretary may prescribe.*

### *"SEC. 1934. PAYMENTS UNDER ALLOTMENTS TO STATES.*

*"(a) In General.—For each fiscal year, the Secretary shall make payments, as provided by section 6503(a) of title 31, United States Code, to each State from its allotment under section 1933 (other than any amount reserved under subsection (f) of such section) from amounts appropriated for that fiscal year.*

*"(b) Availability.—Any amount paid to a State for a fiscal year and remaining unobligated at the end of such year shall remain available for the next fiscal year to such State for the purposes for which such amount was paid.*

### *"SEC. 1935. USE OF ALLOTMENTS.*

*"(a) Permissible Uses.—*

*"(1) Planning, implementing, etc.—Not less than 35 percent of the total amount paid to a State under section 1934 for a fiscal year shall be used by a State to pay the costs of planning, implementing, monitoring, and evaluating the operation of, county, regional, or State trauma care systems. Each trauma care system supported with amounts made available under this paragraph shall—*

*"(A) meet the standards and requirements established under the State plan submitted under section 1941;*

*"(B) provide for the use of triage procedures by paramedics, emergency medical technicians, and other emergency care providers to assess the severity of injury incurred by trauma patients;*

*"(C) provide for the use of appropriate transportation and transfer policies, in accordance with paragraph (2), to ensure the delivery of patients to designated trauma centers, including facilities with specialized capabilities and expertise in the care of pediatric trauma patients, and other facilities within and outside of the jurisdiction of such system, including policies to ensure that only individuals appropriately identified as trauma patients are transferred to designated trauma centers;*

*"(D) conduct public education activities concerning preventing injuries and obtaining access to emergency medical services and trauma care; and*

*"(E) establish criteria and procedures, in accordance with the State plan required under section 1931, for the identification and designation of trauma centers to participate in the trauma care system.*

*"(2) Examination and treatment for emergency medical conditions.—Appropriate transfer policies referred to in paragraph (1)(C) shall include the following requirements:*

*"(A) Medical screening requirements.—In the case of a hospital that has a hospital emergency department, if any individual comes to the emergency department and a re-*

*quest is made on the individual's behalf for examination or treatment for a medical condition, the hospital must provide for an appropriate medical screening examination within the capability of the hospital's emergency department to determine whether or not an emergency medical condition (as such term is defined in section 1867(e)(1) of the Social Security Act (42 U.S.C. 1395dd(e)(1))) exists or to determine if the individual is in active labor (as such term is defined in section 1867(e)(2) of the Social Security Act (42 U.S.C. 1395dd(e)(2))).*

*"(B) NECESSARY STABILIZING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS AND ACTIVE LABOR.—*

*"(i) IN GENERAL.—If any individual comes to a hospital and the hospital determines that the individual has an emergency medical condition or is in active labor (as so defined), the hospital must provide either—*

*"(I) within the staff and facilities available at the hospital, for such further medical examination and such treatment as may be required to stabilize the medical condition or to provide for treatment of the labor; or*

*"(II) for transfer of the individual to another medical facility in accordance with subsection (c).*

*"(ii) REFUSAL TO CONSENT TO TREATMENT.—A hospital shall be considered to meet the requirement of clause (i) with respect to an individual if the hospital offers the individual the further medical examination and treatment described in such clause but the individual (or a legally responsible person acting on the individual's behalf) refuses to consent to the examination or treatment.*

*"(iii) REFUSAL TO CONSENT TO TRANSFER.—A hospital shall be considered to meet the requirements of clause (i) with respect to an individual if the hospital offers to transfer the individual to another medical facility in accordance with subparagraph (C) but the individual (or a legally responsible person acting on the individual's behalf) refuses to consent to the transfer.*

*"(C) RESTRICTING TRANSFERS UNTIL PATIENT STABILIZES.—*

*"(i) RULE.—If a patient at a hospital has an emergency medical condition which has not been stabilized (as such term is defined in section 1867(e)(4)(B) of the Social Security Act (42 U.S.C. 1395dd(e)(4)(B))) or is in active labor, the hospital may not transfer the patient unless—*

*"(I)(aa) the patient (or a legally responsible person acting on the patient's behalf) requests that the transfer be effected, or*

*"(bb) a physician, or other qualified medical personnel when a physician is not readily available in the emergency department, has signed a certification that, based on the reasonable risks and benefits to the patient, and based on the information*

*available at the time, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual's medical condition from effecting the transfer; and*

*"(II) the transfer is an appropriate transfer (within the meaning of clause (iii)) to that facility.*

*"(ii) REQUIREMENT.—If a patient at a hospital has an emergency medical condition that has been stabilized, the hospital may transfer the patient but only by means of an appropriate transfer.*

*"(iii) APPROPRIATE TRANSFER.—A transfer to a medical facility is an appropriate transfer if—*

*"(I) the receiving facility—*

*"(aa) has available space and qualified personnel for the treatment of the patient, and*

*"(bb) has agreed to accept transfer of the patient and to provide appropriate medical treatment;*

*"(II) the transferring hospital provides the receiving facility with appropriate medical records (or copies thereof) of the examination and treatment affected at the transferring hospital;*

*"(III) the transfer is effected through qualified personnel and transportation equipment, as required including the use of necessary and medically appropriate life support measures during the transfer; and*

*"(IV) the transfer meets such other requirements as the Secretary may find necessary in the interest of the health and safety of the patient transferred.*

*"(D) CALL SCHEDULES.—In the case of a hospital that has a hospital emergency department, such hospital shall provide a call schedule that lists the appropriate medical specialists that will be immediately available for duty to provide ongoing, definitive treatment to a patient after the initial examination by the emergency physicians.*

*"(3) TRAUMA CARE EXPENDITURES.—Not less than 35 percent of the amount available for a fiscal year to a State from the total amount paid to the State under section 1934 for such fiscal year shall be used by the State to reimburse designated trauma centers for such portions of the uncompensated trauma care expenditures of such centers (including uncompensated professional services) as the State considers appropriate. In order to receive reimbursement for uncompensated trauma care expenditures under this paragraph, a designated trauma center shall—*

*"(A) be a center that—*

*"(i) meets the standards and requirements established by the State in accordance with the State plan required under section 1941; and*

*"(ii) meets the guidelines for level I or level II trauma centers or in the case of rural communities, a level III trauma center as specified by the State plan required under section 1941;*

*"(B) serve an area in which the procedures and policies described in subparagraphs (B) and (C) of paragraph (1) have been implemented; and*

*"(C) maintain its designation as a designated trauma center throughout the fiscal year for which reimbursement is provided under this paragraph.*

*"(4) REMAINING AMOUNTS.—After the application of paragraphs (1) and (2) for a fiscal year, the amount remaining available for such fiscal year to a State from the total amount paid to the State under section 1934 for such fiscal year may be used for any purposes for which funds are required to be used under paragraphs (1) through (3).*

*"(b) TECHNICAL ASSISTANCE.—The Secretary, if requested by a State, shall provide technical assistance to the State in planning and operating activities to be carried out under this part.*

*"(c) PROHIBITIONS.—*

*"(1) IN GENERAL.—No amount paid to a State under section 1933 may be used by the State to—*

*"(A) make cash payments to intended recipients of services;*

*"(B) purchase or improve land, purchase, construct, or permanently improve (other than through minor remodeling) any building or other facility, or purchase major medical equipment, ambulances, aircraft, or other equipment unless the use of the amount involved is specifically designed to enhance the overall trauma system; or*

*"(C) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.*

*"(2) WAIVER.—The Secretary may, pursuant to regulations prescribed by the Secretary, waive the limitation contained in subparagraph (B) upon the request of a State if the Secretary finds that there are extraordinary circumstances to justify the waiver and that granting the waiver will substantially assist in carrying out this part.*

*"(d) ADMINISTRATIVE COSTS.—Not more than 5 percent of the total amount paid to a State under section 1934 for a fiscal year may be used for administering the funds made available under section 1934. The State shall pay from non-Federal sources the remaining costs of administering such funds.*

*"(e) ADJUSTMENTS IN USE OF AMOUNTS AND ADMINISTRATION.—*

*"(1) ADJUSTMENTS.—The percentage of the total amount paid to a State under section 1934 for a fiscal year that is required by subsection (a)(1) to be used for the uses specified in subsection (a)(1) may be adjusted by the Secretary in order to—*

*"(A) permit the State to use for such uses such greater proportion of such amount as the Secretary determines, based upon a demonstration by the State of the extent to which the State is unable to use 35 percent of such amount for reimbursements under subsection (a)(3), that the State is unable to use for such reimbursements; or*

*"(B) permit the State to use for such uses such lesser proportion of such amount as the Secretary determines, based on a demonstration by the State of the extent to which the*

*State does not need to use 35 percent of such amount for such uses in order to carry out adequately during such fiscal year the activities described in subsection (a)(1), that the State needs to use for such uses.*

*"(2) ADMINISTRATION.—The amount that is required by this section to be used by a State for the uses specified in subsection (a)(1) shall be administered by the head of the State agency or office responsible for the planning and coordination of emergency medical services systems in the State.*

### *"SEC. 1936. APPLICATION AND DESCRIPTION OF ACTIVITIES; REQUIREMENTS.*

*"(a) SUBMISSION.—*

*"(1) IN GENERAL.—In order to receive an allotment for a fiscal year under section 1932, each State shall submit an application to the Secretary that shall be in such form and submitted by such date as the Secretary shall require.*

*"(2) CONTENTS.—Each application required under paragraph (1) for an allotment under section 1933 for a fiscal year shall contain—*

*"(A) assurances that the State will meet the requirements of subsection (b); and*

*"(B) the State plan required by section 1941.*

*"(b) REQUIREMENT.—As part of the annual application required by subsection (a) for an allotment for any fiscal year, the chief executive officer of each State shall—*

*"(1) certify that the State agrees to use the funds allotted to it under section 1933 in accordance with the requirements of this part;*

*"(2) provide assurances that the State will require each health care facility in the State to provide to the system established pursuant to section 1932(a)(1)(F) a report for each fiscal year that—*

*"(A) specifies the number of major trauma patients cared for by such facility during such fiscal year;*

*"(B) specifies the total number of inpatient hospital days used by such patients during such fiscal year;*

*"(C) describes the diagnoses, treatment, and treatment outcomes for such patients;*

*"(D) specifies the total amount of uncompensated trauma care expenditures incurred by such facility for such patients for such fiscal year; and*

*"(E) specifies the number of patients transferred in a manner not in accordance with the provisions of section 1935(a)(2)(C)(iii); and*

*"(3) certify that the State agrees that Federal funds made available under section 1934 for any period will be so used as to supplement and increase the level of State, local, and other non-Federal funds that would in the absence of such Federal funds be made available for the programs and activities for which funds are provided under that section and will in no event supplant such State, local, and other non-Federal funds.*

*"(c) DESCRIPTION OF INTENDED USE.—*

*"(1) In general.—The chief executive officer of a State shall, as part of the application required by subsection (a) for any fiscal year, also prepare and furnish the Secretary (in accordance with such form as the Secretary shall provide) with a description of the intended use of the payments the State will receive under section 1934 for the fiscal year for which the application is submitted, including information on the programs and activities to be supported and services to be provided.*

*"(2) Publication.—The description shall be made public within the State in such a manner as to facilitate comment from any person (including any Federal or other public agency) during development of the description and after its transmittal.*

*"(3) Revisions.—The description shall be revised (consistent with this section) throughout the year as necessary to reflect substantial changes in the programs and activities assisted by the State under this part, and any revision shall be subject to the requirements of paragraph (2).*

*"(d) Application.—Except where inconsistent with the provisions of this part, the provisions of section 1903(b), section 1906(a), paragraphs (1) through (5) of section 1906(b), and sections 1907, 1908, and 1909 shall apply to this part in the same manner as such provisions apply to part A of this title.*

*"(e) Reports.—Each report (beginning with the report for fiscal year 1989) submitted by a State to the Secretary under section 1906(a)(1) (as such section applies to this part pursuant to subsection (d)) shall include a separate statement which summarizes and analyzes the information provided to the State in the reports required under subsection (b)(2).*

### *"SEC. 1937. REPORT BY SECRETARY.*

*"Not later than October 1, 1990, the Secretary shall prepare and submit to the appropriate Committees of Congress, a report describing the activities of the States carried out pursuant to this part. Such report may include any recommendations of the Secretary for appropriate administrative and legislative initiatives.*

### *"SEC. 1938. EVALUATIONS BY COMPTROLLER GENERAL.*

*"The Comptroller General of the United States shall, from time to time, evaluate the expenditures by States of payments under section 1934 in order to assure that expenditures are consistent with the provisions of the program involved.*

## *"Part E—Trauma Care Component of State Comprehensive Emergency Medical Services Plan*

### *"SEC. 1941. TRAUMA CARE COMPONENT OF STATE COMPREHENSIVE EMERGENCY MEDICAL SERVICES PLAN.*

*"(a) Submission of Plan.—For each fiscal year, beginning with fiscal year 1989, each State shall submit the trauma care component of the State emergency medical services plan (hereafter in this section referred to as the 'State plan') to the Secretary.*

*"(b) Requirements of Plan.—Each State plan shall—*

*"(1) provide for the planning, development, and implementation of comprehensive integrated regional trauma care systems*

*within a comprehensive, integrated regional emergency medical services system;*

*"(2) specify the public or private entity or entities that will designate trauma centers within the State;*

*"(3) contain minimum standards and requirements for the designation of trauma centers by such entity, including standards and requirements for—*

*"(A) the number and types of trauma patients for whom such centers must provide care in order to ensure that such centers will have sufficient experience and expertise to be able to provide quality care for victims of injury;*

*"(B) the resources and equipment needed by such facilities; and*

*"(C) rehabilitation services for trauma care patients;*

*"(4) contain standards and requirements for the implementation of regional trauma care systems within a comprehensive, integrated regional emergency medical services system, including standards and guidelines (consistent with the provisions of section 1867 of the Social Security Act (42 U.S.C. 1395dd)) for triage and transportation of all trauma patients, including pediatric trauma patients, prior to care in trauma centers and in facilities with specialized capabilities and expertise in the care of pediatric trauma patients;*

*"(5) specify procedures for the accreditation and evaluation of trauma facilities and facilities with specialized capabilities and expertise in the care of the pediatric trauma patient, and trauma care systems;*

*"(6) provide for the establishment in the State of a central data reporting and analysis system to—*

*"(A) identify severely injured trauma patients at all health care facilities within regional trauma care systems in the State;*

*"(B) identify the cause of and other factors that contribute to the injury;*

*"(C) identify the nature and severity of the injury;*

*"(D) identify the total amount of uncompensated trauma care expenditures made for each fiscal year by each health care facility in the State;*

*"(E) monitor prehospital care;*

*"(F) identify patients transferred inappropriately;*

*"(G) monitor trauma patient care in each health care facility (including each designated trauma center) within regional trauma care systems in the State, including relevant emergency room discharge and rehabilitation; and*

*"(H) make such data available to a national registry;*

*"(7) provide for the use of appropriate transportation and transfer policies to ensure the delivery of patients to designated trauma centers and other facilities within and outside of the jurisdiction of such system, including policies to ensure that only individuals appropriately identified as trauma patients are transferred to designated trauma centers;*

*"(8) provide for the establishment and implementation of public education activities concerning injury prevention and obtaining access to trauma care; and*

*"(9) with respect to the requirements established in paragraphs (2) through (8), provide assurances of coordination and cooperation between the State and any other State with which the State shares any standard metropolitan statistical area.*

*"(c) CERTAIN STANDARD AND GUIDELINE REGULATIONS.—*

*"(1) IN GENERAL.—The Secretary shall promulgate regulations governing the establishment by States of standards and guidelines under paragraphs (4), (5), and (6) of subsection (b).*

*"(2) REQUIREMENT.—Regulations promulgated under this subsection shall be at least as stringent as the guidelines for the designation of trauma centers and for triage, transfer, and transportation policies developed by the American College of Surgeons and by the American College of Emergency Physicians, except to the extent that the Secretary determines such to be unfeasible or inadvisable.*

*"(3) UNIFORM DATA STANDARDS.—The Secretary shall establish guidelines for the development of uniform State data reporting systems.*

*"(4) PUBLICATION OF DETERMINATION.—If the Secretary makes a determination under paragraph (2) that one or more of the standards specified in paragraph (2) is infeasible or inadvisable, the Secretary shall, in accordance with the regulations promulgated under this paragraph, publish in the Federal Register notice of and an explanation for such determination.*

*"(d) WAIVERS.—*

*"(1) IN GENERAL.—If the head of the State agency with jurisdiction over emergency medical services makes a determination that one or more of the standards specified in the regulations described in subsection (c) cannot be met in the State, the State may, subject to paragraph (2), request a waiver of such standard or standards if the State provides the Secretary with an explanation of and justification for such a waiver in the State plan submitted under subsection (b).*

*"(2) HEARING.—Before requesting a waiver under this subsection, the State shall—*

*"(A) in accordance with regulations prescribed by the Secretary, and in order to assure interested parties with an adequate notice and opportunity to respond to the proposed waiver, conduct a hearing on the proposed waiver; and*

*"(B) include with such explanation and justification a description of any comments made at the hearing in opposition to the proposed waiver and the response of the State to such comments.*

*"(3) GRANTING OF WAIVER.—The Secretary may, pursuant to regulations prescribed by the Secretary, grant a waiver of such standard or standards on such terms and conditions as the Secretary may prescribe if the Secretary determines that the justification provided by the State is sufficient and that, in the absence of compliance with the standard or standards involved, the quality of care furnished will not be diminished.".*

*(b) EFFECTIVE DATE.—This section and the amendments made by this section shall take effect on October 1, 1988.*

### *SEC. 6. STUDY ON THE LONG-TERM ECONOMIC EFFECTS OF TRAUMA.*

*(a) IN GENERAL.—The Secretary shall conduct a comprehensive multidisciplinary study of the long-term economic effects of incidences of trauma in the United States.*

*(b) SERVICE OF EXPERTS.—In conducting the study, the Secretary shall utilize the services of individuals with appropriate expertise in such fields as epidemiology, statistics, behavioral sciences, and health economics in order to identify and evaluate as many factors as possible that influence the impact and long-term outcome of a trauma incident.*

*(c) REPORT.—Not later than 1 year after the date of enactment of this Act, the Secretary shall prepare and submit to the appropriate Committees of Congress, a report containing the results of the study required by subsection (a).*

*(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal year 1989.*

## IV. COMMITTEE VIEWS

### SEC. 2. CLEARINGHOUSE ON EMERGENCY MEDICAL SERVICES

Since the repeal of the EMS Systems Development Act and the advent of the 1981 block grant, the Federal role in collecting and disseminating information on the success and problems experienced by State and local agencies in EMS has been very limited. States are constantly upgrading their emergency and trauma care systems because of the emergence of new technologies and the development of new State and local initiatives. State officials surveyed by the GAO indicated that they could benefit greatly from a program for sharing information regarding a wide variety of EMS-related matters, such as practices and policies governing regulation of air ambulance services and the establishment of trauma systems, research assessing the most effective service delivery methods, and the generation of new revenues for EMS activities.

In order to promote dissemination of information, section 2 of the bill would establish a clearinghouse on EMS. The Committee believes that over three fiscal years, the clearinghouse could achieve self-sufficiency through subscriptions, user fees, or other means, and the bill thus would phase out federal support over that 3-year period.

### SEC. 3. COORDINATION BETWEEN STATE AGENCIES

The GAO found that many State transportation departments and State health departments do not coordinate expenditures for EMS-related functions. State transportation departments receive federal highway safety funds from the Department of Transportation; State health departments generally receive PHHS block grant monies from the Department of Health and Human Services.

The Committee is concerned that, as the GAO found in four out of six States, these State agencies do not communicate and coordinate with each other with respect to how each spends federal and State dollars on EMS. The Committee believes that providing representatives of each agency with the opportunity to participate in the development of plans for EMS services, as section 3 of the Committee bill would provide for, would bring about better coordinated expenditures.

### SEC. 4. UPGRADING COMMUNICATIONS SYSTEMS

The Committee believes that communications—between patient or other individuals on the scene and central dispatcher, between dispatcher and ambulance or other emergency vehicle, and between emergency vehicle and hospitals—are at the core of a successful EMS system.

The Committee is concerned that the GAO found that although the availability of the 911 emergency telephone number is essential for ensuring rapid access to the EMS system, more than 50 percent of the population of the United States still does not have access. Lack of access is particularly widespread in rural areas; for example, in the rural regions visited by the GAO, only two out of nine have complete coverage. The most common factors cited as barriers to providing a 911 system were start-up and operating costs.

The Committee is also concerned that lack of funds is preventing many communities from replacing and upgrading outmoded communications equipment that is essential for Advanced Life Support EMS systems. Federal funding under the PHHS block grant is prohibited from being used for such equipment purchases.

Section 4(a) would amend the prohibition against using PHHS funds for equipment in order to permit expenditures to improve communications capabilities within an EMS system. The Committee believes that States should make matching contributions for communications equipment and, therefore, the Committee bill would permit block grant funds to be used for only 50 percent of the costs of such purchases.

Section 4(b) would improve rural communities' abilities to implement and operate 911 systems, by specifying expressly that the Community Facilities Loan (CFL) program under the Farmers Home Administration may be used for 911 development and communications-equipment purchases. The Committee understands that this modification is consistent with the intent of the CFL program, which is designed to improve community facilities providing essential services to rural residents, including fire, health and rescue services. The Committee has been notified that the Senate Committee on Agriculture, Nutrition, and Forestry, which has jurisdiction over the CFL program, has no objection to this provision.

The GAO reported that the interference due to overcrowded radio frequencies is hampering radio communications between ambulances and hospitals. The GAO found that 10 of the 18 local areas it surveyed reported unacceptable radio interference from other emergency and non-emergency users licensed to use the same channels. For example, in San Antonio, Texas, officials said that their emergency radio communications are frequently interrupted by licensed non-emergency use of electronic pagers.

Section 4(c) would require the Federal Communications Commission (FCC) to assess the current and future availability of radio frequency channels for EMS communications between ambulances and hospitals—both public and private—and to establish a plan which ensures that the needs of EMS systems would be adequately provided for in making future allocations and frequencies.

The Committee understands that the FCC has already undertaken a study of these matters and is developing a national assignment plan for recently allocated Public Safety radio frequencies. To the extent that the issues raised in paragraphs (1) and (2) of section 4(c) regarding the study of available frequencies and the establishment of a plan are sufficiently addressed in the FCC's ongoing study, the Committee does not intend that a separate effort be undertaken. However, the Committee does still intend that a separate report be submitted to Congress which contains the information requested as it pertains to emergency medical services communications. The Committee expects the FCC to include in its report a discussion of the potential need for protected frequencies for prehospital emergency medical services.

The Committee has worked closely with the Committee on Commerce, Science, and Technology in developing these communications provisions, and the two Committees have agreed that the bill after it is reported by the Labor Committee will be referred to the Commerce Committee for 24 hours.

## SEC. 5. TRAUMA CARE BLOCK GRANT

Central to reducing death and disability from trauma are the establishment and operation of trauma systems throughout the United States. Trauma care systems refer to systems of health care delivery which coordinate and integrate prehospital EMS resources and hospital resources to help assure that optimal care is provided to traumatically injured patients. Such systems must provide for the identification and designation of trauma centers with specialized physicians, surgeons, and equipment immediately available on a 24-hour basis, a method to identify severe trauma victims in the prehospital phase, and policies to ensure that all major trauma victims are transported to trauma centers.

The Committee finds that in areas that have implemented trauma systems, the percentage of preventable deaths drops dramatically. For example, in San Diego, California, two years after the city implemented a regional trauma system, less than half of one percent of the total trauma deaths were potentially preventable. In Washington, D.C., a 50-percent reduction in trauma deaths over 5 years has been credited to the development of a trauma care system.

The Committee is concerned that, despite the documented effectiveness of regional trauma care systems, very few communities in the United States have developed such systems. In a March 1988 report, entitled "Trauma System Develoment", the National Highway Traffic Safety Administration of the Department of Transportation found that none of the five areas studied—Dade County, Florida; Allentown, Pennsylvania; Sacramento, California; Amarillo, Texas; and Bend, Oregon—had fully developed systems. In addition, a June 24, 1988, Journal of the American Medical Association article, entitled "Trauma Systems, Current Status—Future Challenges", reported that only two States had statewide coverage, that nineteen States and the District of Columbia had regional trauma systems which lacked one or more components of a complete system, and that the remaining 29 States had yet to initiate the process of trauma center designation.

The Committee finds that both economic and political factors hamper trauma system development. Competition between hospitals—which often see trauma center designation as a way to improve their image and status within the community—has stymied trauma system development in many communities. In other areas, the process of designation has become vulnerable to political pressures. The GAO concluded that, although States are in the "best position to overcome the barriers to trauma system development", most had not provided the necessary leadership—in part because of hospital industry concerns.

In order to help States overcome these barriers, the bill would require each State to submit to the Secretary a trauma care plan as part of its overall emergency medical services plan. The Committee does not intend that States set up independent trauma systems, but rather integrate trauma systems into existing emergency medical services systems. Each State plan would provide for the planning, development, and implementation of integrated regional trauma care systems within a comprehensive emergency medical services system.

The plan would further be required to specify the public or private entity—at either the State or local level—that would designate trauma centers. The Committee believes that lead agencies must be given formal, legal authority for such activities.

The plan would also contain minimum standards and requirements for the designation of trauma centers and for the implementation of regional trauma care systems and would specify procedures for the accreditation and evaluation of trauma facilities. In addition, the plan would provide for the establishment of a trauma date reporting system and for the implementation of public education activities concerning injury prevention.

The legislation would further require that trauma systems developed and operated with federal funding meet the requirements of federal regulations based on the standards and guidelines developed by the American College of Surgeons (ACS) and the American College of Emergency Physicians (ACEP). These guidelines are widely recognized by trauma experts as reflecting the state-of-the-art for quality trauma care and have already served as the basis for trauma system development in several States.

The Committee is aware that severely injured children have unique needs and often require special equipment, facilities, and expertise. Thus, the Committee would expect the States, in implementing standards for facilities with specialized capabilities in the care of pediatric trauma patients, to utilize applicable guidelines established or endorsed by the American Academy of Pediatrics.

*Trauma center designation.*—In its March 1988 report, mentioned earlier, the Department of Transportation concluded that "the manner of trauma center designation affects a trauma system: the stronger the designation, the better the system is likely to be." Strong designation procedures not only categorize hospitals as meeting the necessary standards with a capacity to treat trauma victims but also specifically identify those trauma centers which are most able and most committed to doing so.

The ACS recommends a system of classifying trauma centers into one of three levels, depending on the availability of specialized surgical personnel and equipment, the frequency with which they perform surgical procedures related to trauma, and the presence of research and teaching activities. Level I and II centers for example, must have general surgical and emergency medical personnel trained in trauma care, including neurosurgeons, available 24 hours a day. In addition, Level I centers must have a variety of surgical specialties on-call and promptly available. Whereas the ACS guidelines recommend that a Level II center also have these specialties available, it is not essential for such centers to have, for example, an oral surgeon on-call. Level III centers usually serve small communities or suburban settings. While these hospitals are generally unable to have available the same number and range of specialists as a Level I or II center, they are equally committed to providing high-quality trauma care and must rely on innovative use of resources and transfer agreements and protocols in providing trauma care services.

The Committee believes that procedures for designating and accrediting trauma centers, consistent with ACS guildelines that include a rigorous evaluation process, are central to successful trauma systems. The Committee notes that designation is also important to ensuring maximal utilization of limited resources. In some areas designation of too many trauma centers has also been a problem preventing a cost-effective, efficient, and successful trauma system from operating.

The Committee does not intend, however, that this legislation be viewed at setting fixed and arbitrary federal limits on the number of trauma centers that may be designated in a State or region. State or local authorities are most qualified to determine the number of trauma centers that are necessary and appropriate within their jurisdictions.

The Committee believes that the current ACS guidelines provide flexibility in trauma center designation. For example, the guidelines suggest that a Level I trauma center should treat 600 to 1,000 trauma victims a year. However, a State may determine, because of geographical and resource considerations, that a Level I trauma center need treat only 500 trauma victims a year. Indeed, the ACS guidelines note:

> Since each community must decide on the number of appropriate trauma facilities necessary to meet its commitment to excellence in trauma care, it must consider the number of severe and urgent injuries to be handled as well as its ability to address its factors of geography and its ability to concentrate its resources.

The Committee further recognizes that some States may have unique circumstances that would prevent their trauma systems from meeting or adhering to all aspects of the ACS and ACEP guidelines on which the federal regulations would be based. Thus, the bill would provide that a State may obtain from the Secretary a waiver of such a standard or standards if it provides an explanation and sufficient justification for such a waiver in the State plan. First, however, the State must provide all interested parties with an opportunity to respond to the proposed waiver through a public hearing process.

The Committee believes that States should make every attempt to comply with the prescribed standards and that the waiver authority should be utilized only where the need is clear, the safety of patients is assured, and the integrity of the trauma designation system is preserved. For example, the Committee believes that any Level I trauma center should have a general surgeon in-house and available 24 hours a day and, thus, would strongly discourage a waiver of this requirement.

*Use of State allotments.*—The Committee bill would provide that each State use a minimum of 35 percent of its allocation for the purpose of planning, implementing, monitoring, and evaluating the operation of trauma care systems. In addition, each State would be required to use 35 percent of its allocation for the purpose of reimbursing certain financially-stressed hospitals with trauma centers for a portion of their uncompensated costs associated with trauma care. Each State would have the discretion to devote the remaining 30 percent to either of the two activities described above. In addition, the Secretary would be permitted to adjust the minimum percentage a State must spend for each of the two activities if the State demonstrates it is unable to use 35 percent of its allotment for one or the other activity. Because States and communities vary in the status of their trauma systems, the Committee believes that this approach would result in the States having appropriate flexibility to apply resources to the development or maintenance of trauma systems and centers.

With regard to trauma system development, each trauma care system supported under section 5 of the bill must meet the standards set forth in the State plan, including providing for the implementation of appropriate triage procedures and transfer and transportation policies; establishing criteria and procedures for the identification and designation of trauma centers; and conducting pubilc education activities concerning injury prevention and obtaining access to emergency medical and trauma-care services.

With regard to reimbursement of trauma centers, the bill would require that in order to be eligible to receive reimbursement, trauma centers must serve communities covered by trauma systems. Generally, only Level I or Level II trauma centers would be eligible for such reimbursement. However, in rural communities, Level II trauma centers as specified by the State plan would also be eligible. The Committee recognizes that many rural areas do not have the personnel or financial resources to support trauma facilities. Yet, rural populations suffer a disproportionate number of deaths and disabilities due to trauma. Thus, Level III centers which have a demonstrated commitment to trauma care serve to link rural residents with Level I or Level II trauma centers.

The Committee is concerned that, without access to additional funding for trauma centers, many trauma systems will collapse. Providing financial relief to trauma centers in distress is necessary to preserve the integrity of many trauma systems. Inadequate funding of trauma centers resulted in six Level II centers dropping out of the Dade County, Florida, trauma system. The Los Angeles trauma system is on the verge of collapse after seven of the city's 23 trauma centers dropped out because of the high uncompensated costs—between $500,000 and $2 million per trauma center annually—associated with providing trauma care. In Chicago, two of ten trauma centers dropped out of the 2-year-old system. In general, the above-referenced March 1988 Department of Transportation study concluded that the problem of uncompensated care is a major disincentive to hospitals' participation in trauma systems.

The Committee notes, however, that the issue of uncompensated care is a major health policy issue that must be addressed comprehensively and on a system-wide basis for health-care providers. For example, uncompensated care is forcing emergency rooms, which would not receive any financial relief under this legislation, to be downgraded in Los Angeles; this could result in the lack of available emergency medical care for residents and employees in downtown Los Angeles.

The Committee understands that some trauma centers located in counties that border Mexico are experiencing serious financial losses because of large numbers of undocumented aliens needing trauma care. Thirteen trauma centers in these communities incurred $8.2 million of bad debts last year as a result of providing care to critically injured patients who are undocumented. The Committee recommends that the States involved give full consideration to these unique problems in making determinations for reimbursement for uncompensated trauma care under section 5(a) of the bill.

The Committee also recognizes that direct reimbursement to some trauma centers may provide incentives for the inappropriate transfer of patients who are not seriously injured. Thus, the Committee has included provisions—similar to those enacted in section 9121 of Public Law 99-272 with respect to Medicare hospitals—in order to prohibit inappropriate transfers.

### SEC. 6. STUDY OF THE LONG-TERM EFFECTS OF TRAUMA.

The Committee is concerned that although trauma is the leading cause of death and disability in children and young adults, destroys the health, lives, and livelihoods of millions of people, and is the most costly of all major health problems, very little data are available about the long-term economic consequences of trauma. Knowledge about the chronic effects of injury on personal abilities in occupations and recreation and on social and psychological functioning is sorely lacking.

In order to establish an effective data collection base for evaluating the cost-effectiveness of trauma systems, section 6 would require the Secretary of HHS to conduct a comprehensive study on the long-term economic impact of trauma in the United States. The study would follow a multidisciplinary approach and draw on diverse fields such as epidemiology, statistics, biomedical engineering, behavioral sciences, health economics, and general economics in order to identify and evaluate the many factors that influence the impact and long-term outcome of a trauma incident.

## V. COMMITTEE ACTION

S. 10 as amended by the Committee amendment, was voted to be reported out of Committee on a voice vote on July 27.

## VI. CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: S. 10.
2. Bill title: Emergency Medical Services and Trauma Care Improvement Act of 1988.
3. Bill status: as ordered reported by the Senate Committee on Labor and Human Resources on July 27, 1988.
4. Bill purpose: To amend the Public Health Service Act to improve emergency medical services and trauma care, and for other purposes.
5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

| | 1989 | 1990 | 1991 | 1992 | 1993 |
|---|---|---|---|---|---|
| Emergency Medical Services Clearinghouse: | | | | | |
| Authorization level | 1 | (1) | (1) | | |
| Estimated outlays | (1) | (1) | (1) | (1) | (1) |
| Trauma care block grant: | | | | | |
| Authorization level | 75 | 75 | 75 | | |
| Estimated outlays | 42 | 66 | 73 | 33 | 10 |
| Trauma care report: | | | | | |
| Estimated authorization level | (1) | | | | |
| Estimated outlays | (1) | (1) | | | |
| FCC emergency communications improvements study: | | | | | |
| Estimated authorization level | (1) | | | | |
| Estimated outlays | (1) | | | | |
| Study on the long-term economic effects of trauma: | | | | | |
| Estimated authorization level | 1 | | | | |
| Estimated outlays | 1 | | | | |
| Bill total: | | | | | |
| Estiamted authorization levels | 77 | 75 | 75 | | |
| Estimated outlays | 43 | 66 | 73 | 33 | 10 |

(1) Less than $500,000.

Details in the table may not add to total due to rounding.

Basis of estimate: Authorization levels not stated in the bill were estimated by CBO. The CBO assumes that all authorizations are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of recent program data.

S. 10 would establish an Emergency Medical Services Clearinghouse and a Trauma Care Block Grant Program. Authorization levels are stated in the bill for both programs. In addition, the Secretary of Health and Human Services (HHS) would be required to report on state activities under the block grant program. This report would be completed by October 1, 1990, at an estimated cost of less than $500,000.

The Federal Communications Commission (FCC) would be required to complete a study on the availability of radio frequency channels for emergency medical services communications. In addition, the FCC would be required to establish a plan to ensure that the communication requirements for emergency medical services are met. Based on information provided by the FCC, we estimate that these activities could cost up to $300,000 in fiscal year 1989.

S. 10 would require a study on the long-term economic effects of trauma. The study would be completed within one year of enactment of this bill and would be conducted by the Secretary of HHS. Based on discussions with staff at the Center for Disease Control, we estimate the study would cost $1 million in fiscal year 1989.

6. Estimated cost to State and local government: The Secretary of HHS could require nonprofit, private entities receiving funds through the trauma care block grant to contribute not less than $1 in non-federal funds for each $3 of federal funds for years subsequent to fiscal year 1989. If the entire $75 million authorized in 1990 were appropriated and allocated, the maximum amount that applicants would have to make available would be $25 million. These non-federal funds could come from state and local governments.

States participating in the Trauma Care Block Grant program may spend up to five percent of funds received to administer the program. States would have to fund additional administrative costs from non-federal funds.

7. Estimate comparison: None.

8. Previous CBO estimate: None.

9. Estimate prepared by: Lori Housman and Doug Criscitello.

10. Estimate approved by: C.G. Nuckols (for James L. Blum, Assistant Director for Budget Analysis).

## VII. REGULATORY IMPACT

In states which receive federal grant funds, design emergency medical system plans and implement such systems, most hospitals would be affected to some degree by existence of these systems. Their patterns of patient transfer, or their acceptance of patient transfer, will depend, in part, on the agreements reached within that state for triage, transfer, and care of trauma victims. Only those hospitals functioning as trauma centers would actually be required to comply with the standards set forth in this legislation. This would include approximately 250–500 hospitals nationwide. Ambulance companies in such states would similarly be affected by the existence of these systems.

The economic impact on businesses, consumers, and individuals is not expected to be widespread. The impact of any additional caseload on hospitals which are designated as trauma centers will be determined by reimbursement policies. Hospitals so designated may have expenditures associated with the modifications necessary to comply with the standards established by federal regulation and by the state plan. Money granted to the states through the bill would be offsetting.

This legislation is anticipated to have no impact on personal privacy. The data collection provisions contained in the bill do not require personal identifiers.

There would be some modest increase in paperwork associated with this initiative in that hospitals will be subject to reporting requirements regarding trauma patients. The time and paperwork involved would be dependent in part on the reporting approaches as developed by the states and on the federal regulations which apply to trauma centers and systems.

## VIII. SECTION-BY-SECTION ANALYSIS

The bill provides that the Act may be cited as the "Emergency Medical Services and Trauma Care Improvement Act of 1988."

### CLEARINGHOUSE ON EMERGENCY MEDICAL SERVICES

Section 2 of the bill authorizes the Secretary of HHS to provide by contract for the establishment and operation of a National Clearinghouse on Emergency Medical Services. The duties of the Clearinghouse will be to—

(1) foster the development of appropriate, modern emergency medical services and trauma care through the sharing of information among agencies and individuals involved in planning, furnishing, and studying such services and care;

(2) collect, compile, and disseminate information on the achievement of, and problems experienced by, State and local agencies and private entities in providing emergency medical services and trauma care and, in so doing, give special consideration to the unique needs of rural areas;

(3) provide technical assistance relating to emergency medical services and trauma care to State and local agencies; and

(4) sponsor workshops and conferences on emergency medical services and trauma care.

A contract entered into by the Secretary under this section may provide that the Clearinghouse shall charge fees or assessments in order to defray, and beginning with FY 1990, to cover, the costs of operating the Clearinghouse. The authority of the Secretary to enter into contracts under this section shall be to such extent or in such amounts as are provided in appropriation acts.

Section 2 authorizes appropriations to carry out the section of $500,000 for the later of FY 1989 or the first year thereafter for which funds are appropriated under the section, $300,000 for the later of FY 1990 or the second year for which funds are so appropriated, and $100,000 for FY 1991 or the third year for which funds are so appropriated.

### COOPERATION BETWEEN STATE AGENCIES

Section 3(a) of the bill amends section 1905(c) of the PHS Act to require that the chief officer of a State, applying for an allotment under the Preventive Health and Health Services block grant, certify that the State agrees to provide the State officer responsible for the administration of the State highway safety program with an opportunity to—

(A) participate in the development of any State plan relating to emergency medical services, as such a plan relates to highway safety, including the State plan required by section 1910B of the Act; and

(B) review and comment on any proposal by any State agency to use any Federal grant or Federal payment received by the State for the provision of emergency medical services as such proposal relates to highway safety.

Section 3(b) of the bill amends section 402(b) of title 23, U.S. Code—Highway Safety Program—to provide that the Secetary of Transportation shall not approve any State highway safety program which does not provide procedures ensuring that State officials who are responsible for administration, planning, and coordination of emergency medical services within the State have the opportunity to—

(i) participate in the development of the State highway safety program as such program relates to emergency medical services;

(ii) provide advice on the development and implementation of those provisions of the State highway safety program related to emergency medical services; and

(iii) review, and comment on, any proposals to use funds provided to the State under this highway safety program for emergency medical services.

### IMPROVING COMMUNICATIONS SYSTEMS

Section 4(a) of the bill amends section 1904(a) of the PHS Act to provide that State allotments under the Preventive Health and Health Services block grant may be used to pay for up to 50 percent of the costs of communications equipment for emergency medical services systems.

Section 4(b) of the bill amends section 306(a)(1) of the Consolidated Farm and Rural Development Act to provide that water and waste facility loans and grants may be used for the installation or improvement of emergency telephone service, and communications equipment for emergency medical services.

Section 4(c) of the bill requires the Federal Communications Commission, not later than 1 year after the date of enactment of this bill, to—

(1) complete a study of the availability of radio frequency channels for emergency medical services communications;

(2) establish a plan to ensure that the needs of emergency medical services communication (including effective prehospital communications) shall be adequately provided for in the allocation of frequencies for public safety; and

(3) prepare and submit, to the appropriate Congressional Committees, a report containing—

(a) the results of the study and plan relating to emergency medical services communications; and

(b) to the maximum feasible extent, a description of the types of communications between ambulances and hospitals, including both public and private ambulances and hospitals.

### IMPROVING EMERGENCY MEDICAL SERVICES AND TRAUMA CARE

Section 5 of the bill amends title XIX of the PHS Act, effective October 1, 1988, to add a new part C—Trauma Care Block Grant—containing new sections 1931 through 1938.

## DEFINITIONS

Section 1931(a) of the Act as added by the bill defines the terms "Indian tribe" and "tribal organization" as used in this part to have the same meaning as in sections 4(b) and 4(c) of the Indian Self-Determination and Education Assistance Act.

Section 1931(b) of the Act as added by the bill defines three terms as used in this part and in section 1941 as added by the bill:

(1) "Designated Trauma Center" means a trauma center designated with the State plan under section 1941;

(2) "Comprehensive and Integrated Regional Emergency Medical Services System" refers to a system that treats emergency patients of all age groups;

(3) "Uncompensated Trauma Care Expenditures" means any amount that is expended by a health care facility to provide health care services to a trauma patient and for which the facility does not receive payment or reimbursement.

## AUTHORIZATIONS OF APPROPRIATIONS

Section 1932 of the Act as added by the bill authorizes appropriations of $75 million for each of FY 1989 through 1991 for allowments to States under this authority.

## ALLOTMENTS

Section 1933(a) of the Act as added by the bill authorizes the formula by which funds under this authority will be allotted to States. Eighty percent of the amount appropriated will be allotted to each State on the basis of its population compared to population of all States, and 20 percent will be allotted on the basis of the square mileage of each State compared to the square mileage of all States. Section 1933(b) provides that the minimum allotment of a State each year will be not less than the greater of $250,000, or one-half of 1 percent of the total amount appropriated for such year. Section 1933(c) provides that the Secretary may not make an allotment payment to a State under this section unless the State agrees to contribute, from non-Federal funds, at least $1 for each $3 of Federal funds provided under the authority. This State match will not be required for FY 1989 or the first year for which funds are appropriated. Section 1933(d) provides that the required non-Federal contribution shall be in cash or in kind, fairly evaluated, and may include plants, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of non-Federal contributions. Section 1933(e) provides for the reallotment of any appropriated funds under this authority which are not used by one or more States to the remaining States.

Section 1933(f) provides for direct allotment of funds under this authority to Indian tribes or tribal organizations if the Secretary receives a request for such funds and determines that the tribe or organization would be better served by direct grant. Such amount would be reserved from a State's allotment and would be in the same proportion as the population of the tribe or organization bears to the population of the State. In order for a tribe or organization to be eligible for a grant under this subsection, it must submit to the Secretary a plan for the fiscal year which meets criteria prescribed by the Secretary.

### PAYMENT UNDER ALLOTMENTS TO STATES

Section 1934 of the Act as added by the bill directs the Secetary to make payments for each fiscal year, as provided by section 6503(a) of title 31, U.S. Code, to each State from the amounts appropriated for that year. Any amount paid to a State for a fiscal year and unobligated at the end of that year shall remain available for the next fiscal year to the States.

### USE OF ALLOTMENTS

Section 1935(a)(1) of the Act as added by the bill describes the permissible uses of allotments to States under this block grant. A State must use at least 35 percent of its annual allotment to pay the costs of planning, implementing, monitoring,and evaluating the operation of county, regional, or State trauma care systems. Each such trauma care system supported with amounts under this authority shall—

(A) meet standards and requirements established under the State plan submitted under section 1941;

(B) provide for the use of triage procedures by paramedics, emergency, medical technicians, and other emergency care providers to assess the severity of injury incurred by trauma patients;

(C) provide for the use of appropriate transportation and transfer policies, in accordance with paragraph (2) below, to ensure the delivery of patients to designated trauma centers. Such centers will include facilities with specialized capabilities and expertise in the care of pediatric trauma patients, and other facilities within and outside the jurisdiction of such system. Transportation and transfer policies will ensure that only individuals appropriately identified as trauma patients are transferred to designated trauma centers;

(D) conduct public education activities concerning injury prevention and obtaining access to emergency medical services and trauma care; and

(E) establish criteria and procedures in accordance with the State plan required under section 1941 for the identification and designation of trauma centers to participate in the trauma care system.

Section 1935(a)(2) provides that appropriate transfer policies referred to in section 1935(a)(1)(c) include the following requirements:

(A) *Medical Screening Requirements.*—In the case of a hospital emergency department, if an individual comes to the emergency department and a request is made on the individual's behalf for examination or treatment for a medical condition, the hospital must provide for an appropriate medical screening examination within the emergency department's capability to determine whether or not an emergency medical condition (as defined in section 1867(e)(1) of the Social Security Act) exists or to determine if the individual is in active labor (as defined in section 1867(e)(2) of the Social Security Act).

(B) *Necessary Stabilizing Treatment for Emergency Medical Conditions and Active Labor.*—If an individual comes to a hospital and the hospital determines that the individual has an emergency medical condition or is in active labor, the hospital must provide either—

(I) within the staff and facilities available at the hospital, for such further medical examination and treatment as may be required to stabilize the medical condition or to provide for treatment of the labor; or

(II) for transfer of the individual to another medical facility in accordance with (C) below.

A hospital shall be considered to meet requirements of (I) and (II) with respect to an individual if the hospital offers the individual the further medical examination and treatment in (I) or the transfer to another facility in (II) but the individual (or a legally responsible person acting on the individual's behalf) refuses to consent to the examination or treatment or to the transfer.

(C) *Restricting Transfers until Patient Stabilizes.*—If a patient at a hospital has an emergency condition which has not been stabilized (as defined in section 1867(e)(4)(B) of the Social Security Act) or is in active labor, the hospital may not transfer the patient unless—

(I) the patient (or a legally responsible person acting on the patient's behalf) requests that the transfer be effected, or a physician or other qualified medical personnel has signed a certification that, based on the risks and benefits to the patient, and based on available information at the time, the medical benefits expected from the provision of appropriate medical treatment at another facility outweigh the increased risks to the individual's medical condition from effecting the transfer; and

(II) the transfer is an appropriate transfer (as defined below) to that facility.

If a patient at a hospital has an emergency medical condition that has been stabilized, the hospital may transfer the patient but only by means of an appropriate transfer. A transfer to a medical facility is an appropriate transfer if—

(I) the receiving facility has available space and qualified personnel for treatment of the patient, and has agreed to accept the patient and to provide appropriate medical treatment;

(II) the transferring hospital provides the receiving facility with appropriate medical records (or copies) of the examination and treatment at the transferring hospital;

(III) the transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer; and

(IV) the transfer meets such other requirements as the Secretary may find necessary in the interest of the health and safety of the patient.

(D) *Call Schedules.*—In the case of a hospital with an emergency department, the hospital shall provide a call schedule listing appropriate medical specialists that will be immediately available for duty to provide ongoing, definitive treatment to a patient after the initial examination by emergency physicians.

Section 1935(a)(3) requires that at least 35 percent of a State's allotment be used by the State to reimburse designated trauma centers for the portions of the uncompensated trauma care expenditures of such centers (including uncompensated professional services) as the State considers appropriate. In order to receive such reimbursement, a designated trauma center must—

(A) be a center that meets the standards and requirements established by the State under the State plan required under section 1941, and meets the guidelines for level I or level II trauma centers or in the case of rural communities, a level III trauma center specified by the State plan;

(B) serve an area in which the procedures and policies described in section 1935(a)(1) (B) and (C) above have been implemented; and

(C) maintain its designation as a designated trauma center throughout the fiscal year for which such reimbursement is provided.

Section 1935(a)(4) provides that, after the application of paragraphs (1) and (3) of section 1935(a) for a fiscal year, the amount remaining from a State's allotment for such year may be used for any purposes for which funds are required to be used under paragraphs (1) and (3).

Section 1935(b) directs the Secretary, if requested by a State, to provide technical assistance to the State in planning and operating activities under this authority.

Section 1935(c) describes the prohibitions on uses of funds under this authority. In general, the State may not use allotments to—

(A) make cash payments to intended recipients of services;

(B) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment, ambulances, aircraft, or other equipment unless the use of the amount involved is specifically designed to enhance the overall trauma system; or

(C) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.

The Secretary may waive the limitation in (B) on the request of the State if the Secretary finds that there are extraordinary circumstances to justify the waiver and that granting the waiver will substantially assist in carrying out this part.

Section 1935(d) provides that not more than 5 percent of a State's allotment for a year may be used for administering the program. The State must pay any remaining costs of administration from non-Federal sources.

Section 1935(e) provides for adjustments in the use of allotments by a State. A State may be permitted to use more than 65 percent of its allotment for planning, implementing, monitoring, and evaluating the operation of trauma care systems if it can be demonstrated that it is unable to use the full required 35 percent of its allotment for reimbursement of uncompensated trauma care services. Similarly, a State may be permitted to use less than the required 35 percent of its allotment for planning, implementing, monitoring, and evaluating the operation of trauma systems if it can be demonstrated that the State does not need to use 35 percent for such purposes. The amount of a State's allotment to be used for planning, implementing, monitoring, and evaluating the operation of trauma systems shall be administered by the head of the State agency or office responsible for the planning and coordination of emergency medical services systems in the State.

### APPLICATION AND DESCRIPTION OF ACTIVITIES; REQUIREMENTS

Section 1936(a) of the Act as added by this bill proivdes for the submission by each State of an application for an allotment under this authority. The application must be such form and submitted by such date as required by the Secretary. Each application shall contain assurances that the State will meet the requirements of section 1936(b), as well as the State plan required in section 1941.

Section 1936(b) requires the chief executive officer of each State, as part of the annual application for an allotment, to—

(1) certify that the State agrees to use its allotment under section 1933 with the requirements of this part;

(2) provide assurances that the State will require each health care facility in the State to provide to the system established under section 1932(a)(1)(F) a report for each fiscal year that—

(A) specifies the number of major trauma patients cared for by the facility during that fiscal year;

(B) specifies that total number of inpatient hospital days used by such patients during that year;

(C) describes the diagnoses, treatment, and treatment outcomes for such patients;

(D) specifies the total amount of uncompensated trauma care expenditures incurred by the facility for such patients for the year; and

(E) specifies the number of patients transferred in a manner not in accordance with section 1935(a)(2)(C)(iii); and

(3) certify that the State agrees that Federal funds made available under section 1934 for any period will be used to supplement and increase the level of State, local, and other non-Federal funds for these programs and activities and will in no event supplant such State, local, and other non-Federal funds.

Section 1936(c) requires the chief executive officer of a State, as part of the State's application, to also prepare and furnish the Secretary with a description of the intended use of the payments under the State's allotment for a fiscal year, including information on the programs and activities to be supported and services to be provided. The description must be made public within the State in a manner to facilitate comment from any person during the description's development and after its transmittal. The description shall be revised throughout the year as necessary to reflect substantial changes in programs and activities assisted by the State under this authority, and revisions shall be made public.

Section 1936(d) provides that sections 1903(b), section 1906(a), section 1906(b) (1) through (5), and sections 1907, 1908, and 1909 of part A of title XIX of the Act—Preventive Health and Health Services Block Grant—shall apply to this part in the same manner as they apply in part A.

Section 1936(e) requires that each report (beginning with FY 1989) submitted by a State to the Secretary under section 1906(a)(1) as it applies to this authority under section 1936(d) above shall include a separate statement summarizing and analyzing the information provided to the State in the reports required under section 1936(b)(2).

### REPORT BY THE SECRETARY

Section 1937 of the Act as added by the bill requires the Secretary, not later than October 1, 1990, to prepare and submit to the appropriate Congressional Committees a report describing the activities of the States carried out under this authority. The report may include any recommendations of the Secretary for appropriate administrative and legislative initiatives.

### EVALAUTIONS BY COMPTROLLER GENERAL

Section 1938 of the Act as added by the bill requires the Comptroller General of the U.S., from time to time, to evalaute the expenditures by States of payments under section 1934 in order to assure that expenditures are consistent with the provisions of the program.

### TRAUMA CARE COMPONENT OF STATE COMPREHENSIVE EMERGENCY MEDICAL SERVICES PLAN

Section 5(a) of the bill also authorizes a new part E of title XIX of the PHS Act—Trauma Care Component of State Comprehensive Emergency Medical Services Plan. Under this part, a new section 1941(a) of the Act requires each State, for each fiscal year beginning with FY 1989, to submit the trauma care component of the State emergency medical services plan to the Secretary.

Section 1941(b) requires that each State plan shall—

(1) provide for the planning, development, and implementation of comprehensive integrated regional trauma care systems within a comprehensive, integrated regional emergency medical services system;

(2) specify the public or private entity or entities that will designate trauma centers within the State;

(3) contain minimum standards and requirements for the designation of trauma centers by such entity, including standards and requirements for—

(A) the numbers and types of trauma patients for whom such centers must provide care in order to ensure that such centers will have sufficient experience and expertise to be able to provide quality care for victims of injury;

(B) the resources and equipment needed by such facilities; and

(C) rehabilitation services for trauma care patients;

(4) contain standards and requirements for the implementation of regional trauma care systems within a comprehensive, integrated regional emergency medical services system, including standards and guidelines (consistent with provisions of section 1867 of the Social Security Act) for triage and transportation of all trauma patients, including pediatric trauma patients, prior to care in trauma centers and in facilities with specialized capabilities and expertise in the care of pediatric trauma patients;

(5) specify procedures for the accreditation and evaluation of trauma facilities and facilities with specialized capabilities and expertise in the care of the pediatric trauma patient, and trauma care systems;

(6) provide for the establishment in the State of a central data reporting and analysis system to—

(A) identify severely injured trauma patients at all health care facilities within regional trauma care systems in the State;

(B) identify the cause of and other factors that contribute to the injury;

(C) identify the nature and severity of the injury;

(D) identify the total amount of uncompensated trauma care expenditures made for each fiscal year by each health care facility in the State;

(E) monitor prehospital care;

(F) identify patients transferred inappropriately;

(G) monitor trauma patient care in each health care facility (including each designated trauma center) within regional trauma care systems in the State, including relevant emergency room discharge and rehabilitation; and

(H) make such data available to a national registry;

(7) provide for the use of appropriate transportation and transfer policies to ensure the delivery of patients to designated trauma centers and other facilities within and outside the jurisdiction of such system, including policies to ensure that only individuals appropriately identified as trauma patients are transferred to trauma centers;

(8) provide for the establishment and implementation of public education activities concerning injury prevention and obtaining access to trauma care; and

(9) with respect to the requirements in (2) through (8), provide assurances of coordination and cooperation between the State and any other State with which the State shares any standard metropolitan statistical area.

Section 1941(c)(1) requires the Secretary to promulgate regulations governing the establishment by States of standards and guidelines under section 1941(b) (4) through (6) above. Section 1941(c)(2) requires that such regulations shall be at least as stringent as the guidelines for the designation of trauma centers and for triage, transfer, and transportation policies developed by the American College of Surgeons and by the American College of Emergency Physicians, except to the extent that the Secretary determines to be unfeasible or inadvisable. Section 1941(c)(3) requires the Secretary to establish guidelines for the development of uniform State data reporting systems. Section 1941(c)(4) provides that if the Secretary determines that one or more of the standards in (c)(2) is unfeasible or inadvisable, the Secretary shall publish in the Federal Register notice of and an explanation for such determination.

Section 1941(d) provides for the request, by the head of a State agency with jurisdication over emergency medical services, for a waiver of any standard or standards required in section 1941(c) if the agency head detemines that the standard or standards cannot be met in the State. The request to the Secetary for the waiver will have to include an explanation of, and justification for, such waiver. Before requesting such waiver, the State is required to conduct a hearing on the proposed waiver and include with its explanation and justification any comments made at the hearing in opposition to the proposed waiver and the response of the State to such comments. The Secretary may grant the waiver if the Secretary determines that the justification provided by the State is sufficient and that, in the absence of compliance with the standard or standards involved, the quality of care furnished will not be diminished.

Section 5(b) of the bill provides that the effective date of this section authorizing the Trauma Care Block Grant shall be October 1, 1988.

### STUDY ON THE LONG-TERM ECONOMIC EFFECTS OF TRAUMA

Section 6 of the bill requires the Secretary to conduct a comprehensive multidisciplinary study of the long-term economic effects of incidences of trauma care in the U.S. In conducting the study, the Secretary is directed to utilize the services of individuals with appropriate expertise in such fields as epidemiology, statistics, behavioral sciences, and health economics in order to identify and evaluate as many factors as possible that influence the impact and long-term outcome of a trauma incident. The Secretary is required to prepared and submit to the appropriate Congressional Committees, not later than 1 year after enactment of this Act, a report containing the results of the study. Section 6 authorizes the appropriation of such sums as may be necessary for FY 1989 to carry out the study.

## IX. CHANGES IN EXISTING LAW

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change in proposed is shown in roman):

### PUBLIC HEALTH SERVICE ACT

* * * * * * *

## TITLE XIX—BLOCK GRANTS

### PART A—PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

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### USE OF ALLOTMENTS

SEC. 1904. (a)(1) Except as provided in subsections (b) and (c), amounts paid to a State under section 1903 from its allotment under section 1902(a) and amounts transferred by the State for use under this part may be used for the following:

(A) Preventive health service programs for the control of rodents and community and school-based fluoridation programs.

(B) Establishing and maintaining preventive health service programs for screening for, the detection, diagnosis, prevention, and referral for treatment of, and follow-up on compliance with treatment prescribed for, hypertension.

(C) Community based programs for the purpose of demonstraiting and evaluating optimal methods for organizing and delivering comprehensive preventive health services to defined populations, comprehensive programs designed to deter smoking and the use of alcoholic beverages among children and adolescents, and other risk-reduction and health education programs.

(D) Comprehensive public health services.

(E) Demonstrate the establishment of home agencies (as defined in section 1861(m) of the Social Security Act) in areas where the services of such agencies are not available. Amounts provided for such agencies may not be used for the direct provision of health services.

(F) Feasibility studies and planning for emergency medical services systems and the establishment, expansion, and improvement of such systems. Amounts for such systems may not be used for the costs of the operation of the systems or the purchase of equipment for the systems (other than systems with respect to which grants were made as prescribed by section [1905(c)(2))] *1905(c)(2) and other than the purchase of communications equipment for such systems in accordance with paragraph (4)).*

(G) Providing services to victims of sex offenses and for prevention of sex offenses.

Amounts provided for the activities referred to in the preceding sentence may also be used for related planning, administration, and educational activities.

(2) Except as provided in subsection (b), amounts paid to a State under section 1903 from its allotment under section 1902(b) may only be used for providing services to rape victims and for rape prevention.

(3) The Secretary may provide technical assistance to States in planning and operating activities to be carried out under this part.

*(4) A State may not, under subparagraph (F) of paragraph (1), use amounts described in paragraph (1) to pay more than 50 percent of the costs of communications equipment for emergency medical services systems.*

(b) A State may not use amounts paid to it under section 1903 to—

(1) provide inpatient services,

(2) make cash payments to intended recipients of health services,

(3) purchase or improve land, purchase, construct, or premanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

(4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds, or

(5) provide financial assistance to any entity other than a public or nonprofit private entity.

Except as provided in subsection (a)(1)(E), the Secretary may waive the limitation contained in paragraph (3) upon the request of a State if the Secretary finds that there are extraordinary circumstances to justify the waiver and that granting the waiver will assist in carrying out this part.

(c) A State may transfer not more than 7 percent of the amount allotted to the State under section 1902(a) for any fiscal year for use by the State under parts B and C of this title and title V of the Social Security Act in such fiscal year as follows: At any time in the first three quarters of the fiscal year a State may transfer not more than 3 percent of the allotment of the State for the fiscal year for such use, and in the last quarter of a fiscal year a State may transfer for such use not more than the remainder of the amount of its allotment which may be transferred.

(d) Of the amount paid to any State under section 1903, not more than 10 percent paid from each of its allotments under subsections (a) and (b) of section 1902 may be used for administering the funds made available under section 1903. The State will pay from non-Federal sources the remaining costs of administering such funds.

### APPLICATION AND DESCRIPTION OF ACTIVITIES

SEC. 1905. (a) In order to receive an allotment for a fiscal year under section 1902 each State shall submit an application to the Secretary. Each such application shall be in such form and submitted by such date as the Secretary shall require. Each such application shall contain assurances that the legislature of the State has complied with the provisions of subsection (b) and that the State will meet the requirements of subsection (c).

(b) After the expiration of the first fiscal year in which a State receives an allotment under secion 1902, no funds shall be allotted to such State for any fiscal year under such section unless the legislature of the State conducts public hearings on the proposed use and distribution of funds to be provided under section 1903 for such fiscal year.

(c) As part of the annual application required by subsection (a), the chief executive officer of each State shall certify that the State—

(1) agrees to use the funds allotted to it under section 1902 in accordance with the requirements of this part;

(2) agrees to establish reasonable criteria to evaluate the effective performance of entities which receive funds from the al-

lotment of the State under this part and procedures for procedural and substantive independent State review of the failure by the State to provide funds for any such entity.

(3) agrees to permit and cooperate with Federal investigations undertaken in accordance with section 1907;

(4) has identified those populations, areas, and localities in the State with a need for the services for which funds may be provided by the State under this part;

(5) agrees that Federal funds made available under section 1903 for any period will be so used as to supplement and increase the level of State, local, and other non-Federal funds that would in the absence of such Federal funds be made available for the programs and activities for which funds are provided under that section and will in no event supplant such State, local, and other non-Federal funds; **[**and**]**

(6) has in effect a system to protect from inappropriate disclosure patient and sex offense victim records maintained by the State in connection with an activity funded under this part or by any entity which is receiving payments from the allotment of the State under this part**[**.**]**; *and*

*"(7) agrees to provide the officer of the State government responsible for the administration of the State highway safety program with an opportunity to—*

*"(A) participate in the development of any plan by the State relating to emergency medical services, as such plan relates to highway safety, including the State plan required by section 1910B; and*

*"(B) review and comment on any proposal by any State agency to use any Federal grant or Federal payment received by the State for the provision of emergency medical services as such proposal relates to highway safety.".*

The Secretary may not prescribe for a State the manner of compliance with the requirements of this subsection.

(d) The chief executive officer of a State shall, as part of the application required by subsection (a), also prepare and furnish the Secretary (in accordance with such form as the Secretary shall provide) with a description of the intended use of the payments the State will receive under section 1903 for the fiscal year for which the application is submitted, including information on the programs and activities to be supported and services to be provided. The description shall be made public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during development of the description and after its transmittal. The description shall be revised (consistent with this section) throughout the year as may be necessary to reflect substantial changes in the programs and activities assisted by the State under part, and any revision shall be subject to the requirements of the preceding sentence.

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## *PART C—TRAUMA CARE BLOCK GRANT*

### *DEFINITIONS*

*SEC. 1931. (a) INDIANS.—As used in this part, the terms "Indian tribe" and "tribal organization" have the same meaning given such terms in section 4(b) and section 4(c) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(b) and (c)).*

*(b) OTHER SECTIONS AFFECTED.—As used in this part and in section 1941:*

*(1) DESIGNATED TRAUMA CENTER.—The term "designated trauma center" means a trauma center designated in accordance with the State plan under section 1941.*

*(2) COMPREHENSIVE AND INTEGRATED REGIONAL EMERGENCY MEDICAL SERVICES SYSTEM.—The term "comprehensive and integrated regional emergency medical services system" refers to a system that treats emergency patients of all age groups.*

*(3) UNCOMPENSATED TRAUMA CARE EXPENDITURES.—The term "uncompensated trauma care expenditures" means any amount that is expended by a health care facility to provide health care services to a trauma patient and for which such facility does not receive payment or reimbursement.*

### *AUTHORIZATIONS OF APPROPRIATIONS*

*SEC. 1932. For the purpose of making allotments to States to carry out the activities described in section 1935, there are authorized to be appropriated $75,000,000 for each of the fiscal years 1989, 1990, and 1991.*

### *ALLOTMENTS*

*SEC. 1933. (a) FORMULA.—*

*(1) IN GENERAL.—Except as provided in subsection (b), the Secretary shall allot to each State an amount which shall be the sum of the amounts allotted to the State under paragraphs (2) and (3).*

*(2) POPULATION.—Eighty percent of the total amount appropriated under section 1932 for a fiscal year shall be allotted to States under this paragraph. The allotment of a State under this paragraph shall be the amount which bears the same ratio to the amount available for allotments under this paragraph as the population of the State bears to the population of all States.*

*(3) SQUARE MILEAGE.—Twenty percent of the total amount appropriated under section 1932 for a fiscal year shall be allotted to States under this paragraph. The allotment of a State under this paragraph shall be the amount which bears the same ratio to the amount available for allotment under this paragraph as the square mileage of the State bears to the square mileage of all States.*

*(b) MINIMUM ALLOTMENT.—Notwithstanding subsection (a), the allotment of a State under this section for any fiscal year shall not be less than the greater of—*

*(1) $250,000, or*

*(2) an amount equal to one-half of one percent of the total amount appropriated to carry out this part for such fiscal year.*

*(c) NON-FEDERAL SOURCE OF FUNDS.—*

*(1) IN GENERAL.—Except as provided in paragraph (2), the Secretary may not make payments from an allotment under this section for a State unless the State agrees, with respect to the costs to be incurred by the State in carrying out the purposes described in this part, to make available non-Federal contributions (in cash or in kind) toward such costs in an amount equal to not less than $1 for each $3 of Federal funds provided in payments from the allotment for such fiscal year.*

*(2) EXCEPTION.—With respect to an allotment under this section for a State for fiscal year 1989 or such later fiscal year as is the first fiscal year for which funds are appropriated under section 1932, the Secretary may not require the State to make non-Federal contributions as a condition of receiving payments from the allotment.*

*(d) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.—The non-Federal contributions required under subsection (c) shall be in cash or in kind, fairly evaluated, and may include plants, equipment, or services. Amounts provided by the Federal government, or services assisted or subsidized to any significant extent by the Federal government, may not be included in determining the amount of such non-Federal contributions.*

*(e) REALLOTMENT.—To the extent that all the funds appropriated under section 1932 for a fiscal year and available for allotment in such fiscal year are not otherwise allotted to States because—*

*(1) one or more States have not submitted an application or description of activities in accordance with section 1936 for the fiscal year;*

*(2) one or more States have notified the Secretary that they do not intend to use the full amount of their allotment; or*

*(3) some State allotments are offset or repaid under section 1906(b)(3) (as such section applies to this part pursuant to section 1936(d));*

*such excess shall be allotted among each of the remaining States in proportion to the amount otherwise allotted to such States for the fiscal year without regard to this subsection.*

*(f) INDIAN TRIBES OR TRIBAL ORGANIZATIONS.—*

*(1) IN GENERAL.—If the Secretary—*

*(A) receives a request from the governing body of an Indian tribe or tribal organization within any State that funds under this part be provided directly by the Secretary to such tribe or organization; and*

*(B) determines that the members of such tribe or tribal organization would be better served by means of grants made directly by the Secretary under this part;*

*the Secretary shall reserve from amounts which would otherwise be allotted to such State under subsection (a) or (b) for a fiscal year the amount determined under paragraph (2).*

*(2) AMOUNT OF ALLOTMENT.—The Secretary shall reserve for the purpose of paragraph (1) from amounts that would otherwise be allotted to such State under subsection (a) or (b) an amount which bears the same ratio to the State's allotment for the fiscal year involved under subsection (a) or (b) as the population of the tribe bears to the population of the State.*

*(3) Grant.—The amount reserved by the Secretary on the basis of a determination under this subsection shall be granted to the Indian tdribe or tribal organization for which such a determintion has been made.*

*(4) Plan.—In order for an Indian tribe or tribal organization to be eligible for a grant for a fiscal year under this subsection, it shall submit to the Secretary a plan for such fiscal year which meets such criteria as the Secretary may prescribe.*

### *PAYMENTS UNDER ALLOTMENTS TO STATES*

*Sec. 1934. (a) In General.—For each fiscal year, the Secretary shall make payments, as provided by section 6503(a) of title 31, United States Code, to each State from its allotment under section 1933 (other than any amount reserved under subsection (f) of such section) from amounts appropriated for that fiscal year.*

*(b) Availability.—Any amount paid to a State for a fiscal year and remaining unobligated at the end of such year shall remain available for the next fiscal year to such State for the purposes for which such amount was paid.*

### *USE OF ALLOTMENTS*

*Sec. 1935. (a) Permissible Uses.—*

*(1) Planning, implementing, etc.—Not less than 35 percent of the total amount paid to a State under section 1934 for a fiscal year shall be used by a State to pay the costs of planning, implementing, monitoring, and evaluating the operation of, county, regional, or State trauma care systems. Each trauma care system supported with amounts made available under this paragraph shall—*

*(A) meet the standards and requirements established under the State plan submitted under section 1941;*

*(B) provide for the use of triage procedures by paramedics, emergency medical technicians, and othere emergency care providers to assess the severity of injury incurred by trauma patients;*

*(C) provide for the use of appropriate transportation and transfer policies, in accordance with paragraph (2), to ensure the delivery of patients to designated trauma centers, including facilities with specialized capabilities and expertise in the care of pediatric trauma patients, and other facilities within and outside of the jurisdiction of such system, including policies to ensure that only individuals appropriately identified as trauma patients are transferred to designated trauma centers;*

*(D) conduct public education activities concerning preventing injuries and obtaining access to emergency medical services and trauma care; and*

*(E) establish criteria and procedures, in accordance with the state plan required under section 1931, for the identification and designation of trauma centers to participate in the trauma care system.*

*(2) EXAMINATION AND TREATMENT FOR EMERGENCY MEDICAL CONDITIONS.—Appropriate transfer policies referred to in paragrpah (1)(C) shall include the following requirements:*

*(A) MEDICAL SCREENING REQUIREMENTS.—In the case of a hospital that has a hospital emergency department, if any individual comes to the emergency department, and a request is made on the individual's behalf for examination or treatment for a medical condition, the hosptial must provide for an approriate medical screening examination within the capability of the hospital's emergency department to determine whether or not an emergency medical condition (as such term is defined in section 1867(e)(1) of the Social Security Act (42 U.S.C. 1395dd(e)(1))) exists or to determine if the individual is in active labor (as such term is defined in section 1867(e)(2) of the Social Security Act (42 U.S.C. 1395dd(e)(2))).*

*(B) NECESSARY STABILIZING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS AND ACTIVE LABOR.—*

*(i) IN GENERAL.—If any individual comes to a hospital and the hospital determines that the individual has an emergency medical condition or is in active labor (as so defined), the hospital must provide either—*

*(I) within the staff and facilities available at the hospital, for such further medical examination and such treatment as may be requried to stabilize the medical condition or to provide for treatment of the labor; or*

*(II) for transfer of the individual to another medical facility in accordance with subsection (c).*

*(ii) REFUSAL TO CONSENT TO TREATMENT.—A hosptial shall be considered to meet the requirement of clause (i) with respect to an individual if the hospital offers the individual the further medical examination and treatment described in such clause but the individual (or a legally responsible person acting on the individual's behalf) refuses to consent to the examination or treatment.*

*(iii) REFUSAL TO CONSENT TO TRANSFER.—A hospital shall be considered to meet the requirements of clause (i) with respect to an individual if the hospital offers to transfer the individual to another medical facility in accordance with subparagraph (C) but the individual (or a legally responsible person acting on the individual's behalf) refuses to consent to the transfer.*

*(C) RESTRICTING TRANSFERS UNTIL PATIENT STABILIZES.—*

*(i) RULE.—If a patient at a hospital has an emergency medical condition which has not been stabilized (as such term is defined in section 1867(e)(4)(B) of the Social Security Act (42 U.S.C. 1395dd(e)(4)(B))) or is in active labor, the hospital may not transfer the patient unless—*

*(I)(aa) the patient (or a legally responsible person acting on the patient's behalf) requests that the transfer be effected, or*

*(bb) a physician, or other qualified medical personnel when a physician is not readily available in the emergency department, has signed a certification that, based on the reasonable risks and benefits to the patient, and based on the information available at the time, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual's medical condition from effecting the transfer; and*

*(II) the transfer is an appropriate transfer (within the meaning of clause (iii)) to that facility.*

*(ii) REQUIREMENT.—If a patient at a hospital has an emergency medical condition that has been stabilized, the hospital may transfer the patient but only by means of an appropriate transfer.*

*(iii) APPROPRIATE TRANSFER.—A transfer to a medical facility is an appropriate transfer if—*

*(I) the receiving facility—*

*(aa) has available space and qualified personnel for the treatment of the patient, and*

*(bb) has agreed to accept transfer of the patient and to provide appropriate medical treatment;*

*(II) the transferring hospital provides the receiving facility with appropriate medical records (or copies thereof) of the examination and treatment affected at the transferring hospital;*

*(III) the transfer is effected through qualified personnel and transportation equipment, as required including the use of necessary and medically appropriate life support measures during the transfer; and*

*(IV) the transfer meets such other requirements as the Secretary may find necessary in the interest of the health and safety of the patient transferred.*

*(D) CALL SCHEDULES.—In the case of a hospital that has a hospital emergency department, such hospital shall provide a call schedule that lists the appropriate medical specialists that will be immediately available for duty to provide ongoing, definitive treatment to a patient after the initial examination by the emergency physicians.*

*(3) TRAUMA CARE EXPENDITURES.—Not less than 35 percent of the amount available for a fiscal year to a State from the total amount paid to the State under section 1934 for such fiscal year shall be used by the State to reimburse designated trauma centers for such portions of the uncompensated trauma care expenditures of such centers (including uncompensated professional services) as the State considers appropriate. In order to receive reimbursement for uncompensated trauma care expenditures under this paragraph, a designated trauma center shall—*

*(A) be a center that—*

*(i) meets the standards and requirements established by the State in accordance with the State plan required under section 1941; and*

*(ii) meets the guidelines for level I or level II trauma centers or in the case of rural communities, a level III trauma center as specified by the State plan required under section 1941;*

*(B) serve an area in which the procedures and policies described in subparagraphs (B) and (C) of paragraph (1) have been implemented; and*

*(C) maintain its designation as a designated trauma center throughout the fiscal year for which reimbursement is provided under this paragraph.*

*(4) REMAINING AMOUNTS.—After the application of paragraphs (1) and (2) for a fiscal year, the amount remaining available for such fiscal year to a State from the total amount paid to the State under section 1934 for such fiscal year may be used for any purposes for which funds are required to be used under paragraphs (1) through (3).*

*(b) TECHNICAL ASSISTANCE.—The Secretary, if requested by a State, shall provide technical assistance to the State in planning and operating activities to be carried out under this part.*

*(c) PROHIBITIONS.—*

*(1) IN GENERAL.—No amount paid to a State under section 1933 may be used by the State to—*

*(A) make cash payments to intended recipients of services;*

*(B) purchase or improve land, purchase, construct, or permanently improve (other than through minor remodeling) any building or other facility, or purchase major medical equipment, ambulances, aircraft, or other equipment unless the use of the amount involved is specifically designed to enhance the overall trauma system; or*

*(C) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.*

*(2) WAIVER.—The Secretary may, pursuant to regulations prescribed by the Secretary, waive the limitation contained in subparagraph (B) upon the request of a State if the Secretary finds that there are extraordinary circumstances to justify the waiver and that granting the waiver will substantially assist in carrying out this part.*

*(d) ADMINISTRATIVE COSTS.—Not more than 5 percent of the total amount paid to a State under section 1934 for a fiscal year may be used for administering the funds made available under section 1934. The State shall pay from non-Federal sources the remaining costs of administering such funds.*

*(e) ADJUSTMENTS IN USE OF AMOUNTS AND ADMINISTRATION.—*

*(1) ADJUSTMENTS.—The percentage of the total amount paid to a State under section 1934 for a fiscal year that is required by subsection (a)(1) to be used for the uses specified in subsection (a)(1) may be adjusted by the Secretary in order to—*

*(A) permit the State to use for such uses such greater proportion of such amount as the Secretary determines, based upon a demonstration by the State of the extent to which*

*the State is unable to use 35 percent of such amount for reimbursements under subsection (a)(3), that the State is unable to use for such reimbursements; or*

*(B) permit the State to use for such uses such lesser proportion of such amount as the Secretary determines, based on a demonstration by the State of the extent to which the State does not need to use 35 percent of such amount for such uses in order to carry out adequately during such fiscal year the activities described in subsection (a)(1), that the State needs to use for such uses.*

*(2) Administration.—The amount that is required by this section to be used by a State for the uses specified in subsection (a)(1) shall be administered by the head of the State agency or office responsible for the planning and coordination of emergency medical services systems in the State.*

### *APPLICATION AND DESCRIPTION OF ACTIVITIES; REQUIREMENTS*

*Sec. 1936. (a) Submission.—*

*(1) In general.—In order to receive an allotment for a fiscal year under section 1932, each State shall submit an application to the Secretary that shall be in such form and submitted by such date as the Secretary shall require.*

*(2) Contents.—Each application required under paragraph (1) for an allotment under section 1933 for a fiscal year shall contain—*

*(A) assurances that the State will meet the requirements of subsection (b); and*

*(B) the State plan required by section 1941.*

*(b) Requirement.—As part of the annual application required by subsection (a) for an allotment for any fiscal year, the chief executive officer of each State shall—*

*(1) certify that the State agrees to use the funds allotted to it under section 1933 in accordance with the requirements of this part;*

*(2) provide assurances that the State will require each health care facility in the State to provide to the system established pursuant to section 1932(a)(1)(F) a report for each fiscal year that—*

*(A) specifies the number of major trauma patients cared for by such facility during such fiscal year;*

*(B) specifies the total number of inpatient hospital days used by such patients during such fiscal year;*

*(C) describes the diagnoses, treatment, and treatment outcomes for such patients;*

*(D) specifies the total amount of uncompensated trauma care expenditures incurred by such facility for such patients for such fiscal year; and*

*(E) specifies the number of patients transferred in a manner not in accordance with the provisions of section 1935(a)(2)(C)(iii); and*

*(3) certify that the State agrees that Federal funds made available under section 1934 for any period will be so used as to supplement and increase the level of State, local, and other non-*

*Federal funds that would in the absence of such Federal funds be made available for the programs and activities for which funds are provided under that section and will in no event supplant such State, local, and other non-Federal funds.*

*(c) DESCRIPTION OF INTENDED USE.—*

*(1) IN GENERAL.—The chief executive officer of the State shall, as part of the application required by subsection (a) for any fiscal year, also prepare and furnish the Secretary (in accordance with such form as the Secretary shall provide) with a description of the intended use of the payments the State will receive under section 1934 for the fiscal year for which the application is submitted, including information on the programs and activities to be supported and services to be provided.*

*(2) PUBLICATION.—The description shall be made public within the State in such a manner as to facilitate comment from any person (including any Federal or other public agency) during development of the description and after its transmittal.*

*(3) REVISIONS.—The description shall be revised (consistent with this section) throughout the year as necessary to reflect substantial changes in the programs and activities assisted by the State under this part, and any revision shall be subject to the requirements of paragraph (2).*

*(d) APPLICATION.—Except where inconsistent with the provision of this part, the provisions of section 1903(b), section 1906(a), paragraphs (1) through (5) of section 1906(b), and sections 1907, 1908, and 1909 shall apply to this part in the same manner as such provisions apply to part A of this title.*

*(e) REPORTS.—Each report (beginning with the report for fiscal year 1989) submitted by a State to the Secretary under section 1906(a)(1) (as such section applies to this part pursuant to subsection (d)) shall include a separate statement which summarizes and analyzes the information provided to the State in the reports required under subsection (b)(2).*

### *REPORT BY SECRETARY*

*SEC. 1937. Not later than October 1, 1990, the Secretary shall prepare and submit to the appropriate Committees of Congress, a report describing the activities of the States carried out pursuant to this part. Such report may include any recommendations of the Secretary for appropriate administrative and legislative initiatives.*

### *EVALUATIONS BY COMPTROLLER GENERAL.*

*SEC. 1938. The Comptroller General of the United States shall, from time to time, evaluate the expenditures by States of payments under section 1934 in order to assure that expenditures are consistent with the provisions of the program involved.*

## *PART E—TRAUMA CARE COMPONENT OF STATE COMPREHENSIVE EMERGENCY MEDICAL SERVICES PLAN*

### *TRAUMA CARE COMPONENT OF STATE COMPREHENSIVE EMERGENCY MEDICAL SERVICES PLAN*

*SEC. 1941. (a) SUBMISSION OF PLAN.—For each fiscal year, beginning with fiscal year 1989, each State shall submit the trauma care component of the State emergency medical services plan (hereafter in this section referred to as the "State plan") to the Secretary.*

*(b) REQUIREMENTS OF PLAN.—Each State plan shall—*

*(1) provide for the planning, development, and implementation of comprehensive integrated regional trauma care systems within a comprehensive, integrated regional emergency medical services system;*

*(2) specify the public or private entity or entities that will designate trauma centers within the State;*

*(3) contain minimum standards and requirements for the designation of trauma centers by such entity, including standards and requirements for—*

*(A) the number and types of trauma patients for whom such centers must provide care in order to ensure that such centers will have sufficient experience and expertise to be able to provide quality care for victims of injury;*

*(B) the resources and equipment needed by such facilities; and*

*(C) rehabilitation services for trauma care patients;*

*(4) contain standards and requirements for the implementation of regional trauma care systems within a comprehensive, integrated regional emergency medical services system, including standards and guidelines (consistent with the provisions of section 1867 of the Social Security Act (42 U.S.C. 1395dd)) for triage and transportation of all trauma patients, including pediatric trauma patients, prior to care in trauma centers and in facilities with specialized capabilities and expertise in the care of pediatric trauma patients;*

*(5) specify procedures for the accreditation and evaluation of trauma facilities and facilities with specialized capabilities and expertise in the care of pediatric trauma patient, and trauma care systems;*

*(6) provide for the establishment in the State of a central data reporting and analysis system to—*

*(A) identify severely injured trauma patients at all health care facilities within regional trauma care systems in the State;*

*(B) identify the cause of and other factors that contribute to the injury;*

*(C) identify the nature and severity of the injury;*

*(D) identify the total amount of uncompensated trauma care expenditures made for each fiscal year by each health care facility in the State;*

*(E) monitor prehospital care;*

*(F) identify patients transferred inappropriately;*

*(G) monitor trauma patient care in each health care facility (including each designated trauma center) within regional trauma care systems in the State, including relevant emergency room discharge and rehabilitation; and*

*(H) make such data available to a national registry;*

*(7) provide for the use of appropriate transportation and transfer policies to ensure the delivery of patients to designated trauma centers and other facilities within and outside of the jurisdiction of such system, including policies to ensure that only individuals appropriately identified as trauma patients are transferred to designated trauma centers;*

*(8) provide for the establishment and implementation of public education activities concerning injury prevention and obtaining access to trauma care; and*

*(9) with respect to the requirements established in paragraphs (2) through (8), provide assurances of coordination and cooperation between the State and any other State with which the State shares any standard metropolitan statistical area.*

*(c) CERTAIN STANDARD AND GUIDELINE REGULATIONS.—*

*(1) IN GENERAL.—The Secretary shall promulgate regulations governing the establishment by States of standards and guidelines under paragraphs (4), (5), and (6) of subsection (b).*

*(2) REQUIREMENT.—Regulations promulgated under this subsection shall be at least as stringent as the guidelines for the designation of trauma centers and for triage, transfer, and transportation policies developed by the American College of Surgeons and by the American College of Emergency Physicians, except to the extent that the Secretary determines such to be unfeasible or inadvisable.*

*(3) UNIFORN DATA STANDARDS.—The Secretary shall establish guidelines for the development of uniform State data reporting systems.*

*(4) PUBLICATION OF DETERMINATION.—If the Secretary makes a determination under paragraph (2) that one or more of the standards specified in paragraph (2) is infeasible or inadvisable, the Secretary shall, in accordance with the regulations promulgated under this paragraph, publish in the Federal Register notice of and an explanation for such determination.*

*(d) WAIVERS.—*

*(1) IN GENERAL.—If the head of the State agency with jurisdiction over emergency medical services makes a determination that one or more of the standards specified in the regulations described in subsection (c) cannot be met in the State, the State may, subject to paragraph (2), request a waiver of such standard or standards if the State provides the Secretary with an explanation of and justification for such a waiver in the State plan submitted under subsection (b).*

*(2) HEARING.—Before requesting a waiver under this subsection, the State shall—*

*(A) in accordance with regulations prescribed by the Secretary, and in order to assure interested parties with an adequate notice and opportunity to respond to the proposed waiver, conduct a hearing on the proposed waiver; and*

*(B) include with such explanation and justification a description of any comments made at the hearing in opposition to the proposed waiver and the response of the State to such comments.*

*(3) Granting of waiver.—The Secretary may, pursuant to regulations prescribed by the Secretary, grant a waiver of such standard or standards on such terms and conditions as the Secretary may prescribe if the Secretary determines that the justification provided by the State is sufficient and that, in the absence of compliance with the standard or standards involved, the quality of care furnished will not be diminished.*

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## Other Acts Affected by This Legislation

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# UNITED STATES CODE

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# TITLE 23—HIGHWAYS

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## CHAPTER 4—HIGHWAY SAFETY

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### § 402. Highway safety programs

(a) Each State shall have a highway safety program approved by the Secretary, designed to reduce traffic accidents and deaths, injuries, and property damage resulting therefrom. Such programs shall be in accordance with uniform standards promulgated by the Secretary. Such uniform standards shall be expressed in terms of performance criteria. Such uniform standards shall be promulgated by the Secretary so as to improve driver performance (including, but not limited to, driver education, driver testing to determine proficiency to operate motor vehicles, driver examinations (both physical and mental) and driver licensing) and to improve pedestrian performance and bicycle safety. In addition such uniform standards shall include, but not be limited to, provisions for an effective record system of accidents (including injuries and deaths resulting therefrom), accident investigations to determine the probable causes of accidents, injuries, and deaths, vehicle registration, operation, and inspection, highway design and maintenance (including lighting, markings, and surface treatment), traffic control, vehicle codes and laws, surveillance of traffic for detection and correction of high or potentially high accident locations, and emergency services. Such standards as are applicable to State highway safety programs shall, to the extent determined appropriate by the Secretary, be applicable to federally administered areas where a Federal department or agency controls the highways or supervises traffic operations. The Secretary shall be authorized to amend or waive standards on a temporary basis for the purpose of evaluating new or different highway safety programs instituted on an experimental, pilot, or demonstration basis by one or more States, including, but not limited to, such programs for identifying accident causes, adopting measures to reduce accidents, and evaluating effectiveness of such measures, where the Secretary finds that the public interest would be served by such amendment or waiver.

(b)(1) The Secretary shall not approve any State highway safety program under this section which does not—

(A) provide that the Governor of the State shall be responsible for the administration of the program through a State highway safety agency which shall have adequate powers, and be suitably equipped and organized to carry out, to the satisfaction of the Secretary, such program **[.]**,

(B) authorize political subdivisions of such State to carry out local highway safety programs within their jurisdictions as a part of the State highway safety program if such local highway safety programs are approved by the Governor and are in accordance with the uniform standards of the Secretary promulgated under this section **[.]**,

(C) provide that at least 40 per centum of all Federal funds apportioned under this section to such State for any fiscal year will be expended by the political subdivisions of such State in carrying out local highway safety programs authorized in accordance with subparagraph (B) of this paragraph **[.]**,

(D) provide for comprehensive driver training programs, including (1) the initiation of a State program for driver education in the school systems or for a significant expansion and improvement of such a program already in existence, to be administered by appropriate school officials under the supervision of the Governor as set forth in subparagraph (A) of this paragraph; (2) the training of qualified school instructors and their certification; (3) appropriate regulation of other driver training schools, including licensing of the schools and certification of their instructors; (4) adult driver training programs, and programs for the retraining of selected drivers; (5) adequate research, development and procurement of practice driving facilities, simulators, and other similar teaching aids for both school and other driver training use, and (6) driver education programs, including research, that will assure greater safety for bicyclists using public roads in such State.

(E) provide adequate and reasonable access for the safe and convenient movement of physically handicapped persons, including those in wheelchairs, across curbs constructed or replaced on or after July 1, 1976, at all pedestrain crosswalks throughout the State **[.]**,

(F) provide for programs (which may include financial incentives and disincentives) to encourage the use of safety belts by drivers of, and passengers in, motor vehicles **[.]**, *or*

*"(G) provide procedures that ensure that State officials who are responsible for the administration, planning, and coordination of emergency medical services within the State have the opportunity to—*

*"(i) participate in the development of the State highway safety program as such program relates to emergency medical services;*

*"(ii) provide advice on the development and implementation of those provisions of the State highway safety program related to emergency medical services; and*

*"(iii) review, and comment on, any proposals to use funds provided to the State under this section for emergency medical services.".*

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## CONSOLIDATED FARM AND RURAL DEVELOPMENT ACT

(7 U.S.C. 1926)

## CHAPTER 50—AGRICULTURAL CREDIT

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### Subchapter I—Real Estate Loans

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### § 1926. Water and waste facility loans and grants

(a) CRITERIA; DEFINITIONS; LIMITATION ON ALLOWABLE USES OF FEDERAL FUNDS; INCLUSION OF INTEREST OR OTHER INCOME IN GROSS INCOME ON SALE OF INSURED LOAN.—(1) The Secretary is also authorized to make or insure loans to associations, including corporations not operated for profit, Indian tribes on Federal and State reservations and other federally recognized Indian tribes, and public and quasi-public agencies to provide for the application or establishment of soil conservation practices, shifts in land use, the conservation, development, use, and control of water, and the installation or improvement of drainage or waste disposal facilities, recreational developments, *emergency telephone service, communications equipment for emergency medical services*, and essential community facilities including necessary related equipment, all primarily serving farmers, ranchers, farm tenants, farm laborers, and other rural residents, and to furnish financial assistance or other aid in planning projects for such purposes. When any loan made for a purpose specified in this paragraph is sold out of the Agricultural Credit Insurance Fund as an insured loan, the interest or other income thereon paid to an insured holder shall be included in gross income for purposes of chapter 1 of title 26. With respect to loans of less than $500,000 made or insured under this paragraph that are evidenced by notes and mortgages, as distinguished from bond issues, borrowers shall not be required to appoint bond counsel to review the legal validity of the loan whenever the Secretary has available legal counsel to perform such review.

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